# Identifying priorities in future workforce of art, drama, and music therapy, and promoting examples of good practice in postgraduate training programmes across the UK

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Developed with The British Association of Dramatherapists (BADth), British Association for Music Therapy (BAMT) and British Association of Art Therapists (BAAT). Project lead: Dr Zoe Moula, Lecturer in Mental Health, King’s College London.

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## Executive Summary

This project was funded by Health Education England (HEE) aiming to a) identify priorities in the future workforce of art, drama, and music therapy; and b) recognise and promote examples of good practice in postgraduate training programmes of art, drama, and music therapy across the UK.

The first phase involved semi-structured interviews with eight NHS employers (e.g., Leads or Heads of AHPs, consultant art, drama, or music therapists) to identify the skills that trainees and newly qualified art, drama, and music therapists may need the most in the future, particularly to be employed by the NHS. Based on these interviews, a list of seven core skills was developed, which were considered the most crucial for the future workforce. These skills were: multi-disciplinary skills; understanding of Equity, Inclusion and Diversity (EDI) principles; confidence and communication skills (including confidence in getting the first job and communicating the role of the profession); research skills; leadership and strategic skills; digital literacy skills; and generic skills.

The second phase involved twelve semi-structured interviews with course leaders in postgraduate programmes of art, drama, and music therapy, which aimed to identify and celebrate examples of existing good practices that could develop the above skillset.

The third phase involved the distribution of a survey to trainees and newly qualified art, drama, and music therapists to understand their perspectives in terms of what worked well in their postgraduate programmes, as well as their own suggestions on teaching and learning strategies that could make their training experience even better. 55 trainees and newly qualified practitioners completed the survey, specifically, 34 art therapists, 14 music therapists, and 7 dramatherapists.

This report focuses on existing examples of good practice that can significantly improve the training experience and skillset of trainees and newly qualified art, drama, and music therapists. A wealth of examples coming from NHS employers, course leaders and academics, trainees and newly qualified practitioners are presented in this report, alongside innovative ideas that could be further developed and implemented in art, drama, and music therapy training programmes.

## Introduction

This project was funded by Health Education England (HEE) in 2022, and it was conducted in consultation with the British Associations of Art Therapists (BAAT), Music Therapists (BAMT), and Dramatherapists (BADth). The primary aim of this project was to identify a) the priorities and skills which are crucial for the future workforce of art, drama, and music therapists; and b) existing examples of good practice that help equip trainees with this skillset.

The first phase involved interviews with eight NHS employers (e.g., Leads or Heads of AHPs, consultant art, drama, or music therapists) to identify the skills that trainees and newly qualified art, drama, and music therapists may need the most in the future, particularly to be employed by the NHS. Although the background and role of the NHS employers who were interviewed varied, the majority were Leads or Heads of AHPs, or consultant art, drama, and music therapists. Their responsibilities also varied, but most were involved in the governance of art, drama, and music therapy, addressing the lack of equity and access to services, the strategic development and operational management of the NHS services, as well as the development of new training and Continuous Professional Development (CPD).

The second phase involved interviews with twelve course leads in postgraduate programmes of art, drama, and music therapy to identify existing examples of good practice that help equip students with the skillset that is crucial for the future workforce. Of those interviewed, six were art therapists, four music therapists, and two dramatherapists.

The third and final phase involved a survey with trainees and newly qualified art, drama, and music therapists to understand their perspectives in terms of what worked well in their postgraduate programmes, as well as their own suggestions on teaching and learning strategies that could make their training experience even better. Fifty-five participants completed the survey, 34 of which were newly qualified practitioners and 21 trainees. Of these, 34 were art therapists, 14 music therapists, and 7 dramatherapists. In terms of age, most participants were aged 25-34 (n=26) and 35-44 (n=14). Eight participants were aged 45-54, six were aged 55-64, and only one aged 18-24. In terms of gender, most participants identified as female (n=45), followed by male (n=6) and non-binary/third gender (n=2). Two participants preferred to not provide gender demographics. In terms of ethnicity, most participants self-identified as White British (n=24), followed by White other (n=7), White European (n=5), Mixed heritage (n=5), Caucasian (n=4), British Jew (n=2), Asian (n=2), Black British (n=2), Black Caribbean (n=1) and White Scottish (n=1). Two participants preferred to not share their ethnicity demographics.

### The future skillset

The list of skills presented below was developed based on the first phase of this project; the interviews with eight NHS employers. In the third phase of this project - the survey that was distributed to trainees and newly qualified art, drama, and music therapists - participants were asked to rank this skillset in terms of its importance. The ranked the skills as listed below:

1. Confidence and communication skills (including confidence in getting the first job and communicating the role of the profession)
2. Multi-disciplinary skills
3. Understanding of Equity, Diversity, and Inclusion (EDI) principles
4. Research skills
5. Leadership and strategic skills
6. Digital literacy skills
7. Generic skills

The next section is focused on existing examples of good practice in each of these skills, as well as what can be done to equip trainees with these skills even better in the future.

## Examples of good practice

### 1. Communication skills and confidence in getting the first job

Communication skills were broadly defined as the skillset needed for trainees and newly qualified practitioners to communicate the importance of their role and what it entails. A significant gap in the skillset which was identified by NHS employers was the ability to effectively communicate what art, drama, and music therapy is, in a way that can be easily understood by other healthcare professionals and service users. As some participants said:

“You need to be able to speak the language of psychiatrists, nurses, social workers, healthcare assistants, administrators… you need to swim between these different languages whilst retaining your own integrity as an arts therapist. When people can do that, it just works wonders.”[[1]](#footnote-2)

“They need to be confident in what they do. As an arts therapist, you will get questioned over and over again, what are you? What do you do? Do you have evidence base?”

Communication skills heavily affected the chances of being successful in interviews, such as being familiar with the expected dress code and what type of questions are frequently asked, which was another gap in the skillset identified by NHS employers:

“They [trainees] are not prepared for life after training. There’s a gap. Interview practice, what questions will they be asked, that’s the professionalism I’m talking about, how to present oneself at the interview, how to answer questions and relate that back to their clinical experience. I’ve had people coming for interview who don’t reference their clinical experience on placement. Come prepared that there’ll be a question about risk assessments, there will be a question about equality and diversity...”

The section below illustrates existing examples of good practice that help equip trainees with confidence and communication skills, as well as recommendations for the future educational and pedagogical innovations.

#### Innovative practices to develop communication skills and confidence

The suggestions below include examples of good practice that have helped trainees and newly qualified art, drama, and music therapists to improve their communication skills and have increased the chances of getting their first job. These examples are coming from NHS employers, course leaders, trainees, and newly qualified practitioners.

#### Diversity in the placements

Exposure to service users of all ages and with different conditions appeared to be one of the most effective methods to develop both communication and confidence skills. For example, a course leader mentioned that:

“Our programme is based on the lifespan, for the first two years, we start from pre-birth and go up to end of life at the end of the second year. Clients are up to the age of 25 in the first year, in the second year they are working with adults which can be until end of life, and then in the third year, they can do what they like. Every person has worked with a child and an adult as the minimum.”

Another course required trainees to do their first placement in a community and voluntary setting, the second in the NHS, and the third at a setting of their preference. This opportunity provided trainees with a better understanding of the intersection between community and voluntary sector and statutory services. It also contributed towards giving them the confidence to work in various healthcare and community settings, as well as towards developing an innovative entrepreneurial sense of their role and the importance of such partnerships.

International placements were equally important opportunities, exposing trainees to a wider context of health and health inequities, and challenging them to find innovative ways to communicate and translate the role of their profession in communities they were less familiar with.

#### Building professional portraits early

Some courses started from the beginning of the first year to introduce students to the idea of developing their professional portraits. They encouraged exposure to other therapists’ websites, how they describe their practice in ‘lay terms’, how they have promoted themselves, and what makes their profiles ‘stand out.’

#### Opportunities for networking and public relationships beyond ‘traditional’ routes

Working alongside artists, creative activists and other influencers in creative spaces (such as in galleries) expanded trainees’ communications skillset. Some courses were also giving credits to trainees for participating in such initiatives, for example by getting practicum hours.

#### Establishing their own placements and/or placements in settings where there are no other art, drama, or music therapists

Some courses required trainees to search for their own placement providers, or to go on placements where they may not be other art, drama or music therapists employed. This challenge was perceived as a motivator for trainees to go out of their comfort zone, consider how they could promote themselves, and how to describe the role of their profession to organisations that may not be familiar with art, drama, or music therapy:

“They typically go to a place where there’s no music therapists and that’s deliberate. They build the skills of how do you explain to somebody what you do in a way that they understand it, and in a way that speaks the language of their organisation, how do you take a poster that speaks to your service users, how do you fit into record keeping if there was no music therapist before?”

This process also included familiarity with “cold calling”, being rejected yet trying again, scoping out what opportunities are available locally, and finding the confidence to make the first approach. In this course, all trainees were provided support in advance on how to draft the initial emails or how to make the initial calls, instead of having to go through this process by themselves. Some newly qualified practitioners mentioned that through this process they had managed to secure their first jobs, often even before their graduation.

However, in courses where students had to find every placement on their own, this had the opposite effect by causing students stress and distracting them from their studies. This approach should therefore be implemented in balance.

#### Training on the NHS structure and operations

Understanding how the health system in the UK operates is particularly challenging for international trainees. Courses that offered training on the basics of the NHS structure and operations were highly praised by trainees and newly qualified practitioners who then had the confidence to discuss about complex aspects, such as Integrated Care Systems (ICS), during their interviews.

Another valuable training was on the various roles and responsibilities of professionals within the NHS, as well as the potential routes they could follow, or clinical roles they could apply for. Some trainees and newly qualified practitioners shared that they felt “lost” reading some NHS adverts and job descriptions, and trying to understand whether they would be eligible to apply.

For those trained in England, but interested in being employed in Wales, Scotland, or Ireland, signposting to resources relevant for each country offered them a better understanding of specific legislations and how the respective governments were linked with the NHS.

#### Module on Creative Economies

A course had established a module on ‘creative economics’, which equipped trainees with the basics of entrepreneurial thinking, setting up their own enterprises and businesses, and how to find their first job. Other courses have named this module ‘Professional Preparation and Practice’, essentially preparing trainees to generate their own work. Such modules were praised highly by trainees and newly qualified practitioners.

#### Sessions delivered by newly qualified practitioners

Trainees valued the opportunity to get in touch with people who had recently graduated and discuss about their journeys to finding work, how they got established, and things they wish they had been told earlier. For example, in one course, a former graduate who had set up their own theatre company gave a guest lecture on how to develop and establish your own practice, how to develop entrepreneurial skills and how to build a freelance business and career. Sessions like these were informative, enjoyable, and provided trainees with inspiration from role models they admire.

#### Preparing trainees for interviews (including cover letters) as early as possible

Some courses offered trainees tutorials that prepared them for their performance in future interviews from the beginning of the course. The preparation included how to write a cover letter and, in some instances, scheduling a mock interview, which was particularly valuable for trainees without any previous experience of attending an interview.

#### Being interviewed by placement providers

In some courses, the final year placement providers would interview trainees before offering them a place. This was a great opportunity and challenge to prepare for the interviews post-qualification, and to reflect on the things that could have gone better:

“We have had students turned down for placements but then we had useful conversations about what they need to be thinking to become more employable. One student, for example, didn’t show sufficient compassion when he was talking about the people he might be working with, and he was turned down. He had no awareness of that, he actually did have a lot of compassion, but he was not communicating that whatsoever.”

#### Preceptorship and mentorship programmes

Some NHS trusts provided newly qualified practitioners with a mentorship or preceptorship programme (i.e., a model of combining CPD, mentorship and peer groups). In the NHS trusts that this model was implemented, employers noticed increased retention rates, showing the potential of such initiatives.

#### Student lectures

Some courses offered students the opportunity to deliver lectures on an area of their interest in order to practice their presentation skills in front of a large audience. In some cases, students were invited to give a lecture if they had developed an innovative idea and implemented it in their practice/placement. For example, a student was invited to speak about a new visualisation technique they had developed for people with limited physical skills during their placement in a hospice. Recognising the wealth of trainees’ skillset and innovative ideas boosted their confidence and communication skills according to both the survey and the interviews.

#### Other types of support

Other examples of good practice less frequently mentioned in the survey and interviews were the following:

1. Staff work placements: trainees working with/shadowing members of staff in academia, a great opportunity for trainees with academic interests and aspirations.
2. Placement audit: trainees were asked to write an audit for clients in their placements. One trainee had managed to secure their first job because of the quality of this audit, which impressed both the employers and service users.
3. Peer-led ‘finding work’ sessions: in some institutions, trainees formed small groups to support each other in finding their first job.
4. Role modelling: trainees found helpful when the teaching staff shared their stories regarding how they found their first job and their pathway towards an academic or leadership role.

#### Other practices that could be implemented

Trainees and newly qualified practitioners shared some suggestions that could be implemented in the future to improve their communication and confidence skills even further:

1. To have at least one placement in settings that have the funding, resources, and regularly employ art, drama, and music therapists, with the potential to be offered a job post-graduation and learn from other art, drama, and music therapists.
2. Better links and placement opportunities with the industry, where possible.
3. Better signposting of the various specialties they can follow, including clinical and non-clinical specialties beyond art, drama, and music therapy, and where to look for such jobs.
4. More job fairs.
5. At least one guest lecture from therapists who work for the NHS, in schools, in companies, and freelance, to get a better understanding of what is expected from each role/setting.
6. A session on the most frequently asked questions during interviews.

### 2. Multidisciplinary skills

As we are progressing towards Integrated Care Systems (ICSs), it becomes increasingly important for art, drama, and music therapists to collaborate with healthcare professionals from different disciplines, such as occupational therapists, physiotherapists, psychologists, speech and language therapists, nurses/mental health nurses to name a few. According to the interviews with NHS employers, when candidates did not demonstrate multidisciplinary skills, this could result in unsuccessful interviews. As an employer mentioned:

“I was made aware by our outreach team that they were interviewing for a therapist. And the team lead said to me ‘we would really like an art therapist, we really, really wanted to give that person a job, but they just had no sense of how to function as part of a multidisciplinary team. They could only talk about art therapy.”

Developing multidisciplinary teams between art, drama, music – as well as dance movement – therapists, was equally important to make the profession even stronger, and to bridge the gap between physical and mental health:

“Art, drama, music, and dance movement therapy trainers do not come together, but collectively the accumulative number of trainees is about 1200. This is what gives us a real critical mass and force to be listened to from higher forums, like HEE. We don’t present ourselves in a united way that would help our strategic development. I’m not asking for the HCPC[[2]](#footnote-3) to redefine protected titles or changes in the legislative process. I’m simply talking about a requirement for arts therapies training leaders across the four modalities to come together with NHS leaders.”

“We need to bring our dance movement psychotherapy colleagues around the table and give them an invite to be equal partners and break the rule that they’re not allied health professions. Without dance movement psychotherapy, we’re missing a key element of how the body links with mind.”

#### Innovative practices to develop multidisciplinary skills

##### Student hubs and emerging placements

Some institutions have developed placements where students across different disciplines (or other art, drama, music therapists) would come together to work collaboratively and co-produce services. Such placements also provided structured time each week to understand about other psychological therapies and professions.

##### Joint modules and assessments

In universities that provided training to more than one modality, art, drama, and music therapy trainees could come together for common modules. Cross-disciplinary conversations naturally emerged alongside reflections on the intersectionality between the modalities. Some courses also offered trainees the opportunity to do an assessment in combined groups of other art, drama or music therapy trainees, a practice that was highly appraised.

##### Shadowing

Some placement providers offered trainees the option to shadow another art, drama, music therapist or other allied health professional while on placement, giving them a real sense of their work in practice rather than in theory.

##### Creative reflective groups

Some placement providers have allowed the space and time for small multidisciplinary groups to come together for reflective sessions through the arts. This was seen as an opportunity to bring out everyone’s creativity and connect members of the team through the arts.

“We’ve had a small reflective practice with the nursing staff, where it’s literally just doing a collage about what happened. It’s about bringing creativity into that space because if nurses get used to being creative, they’re more likely to become good referrers in the future.”

##### Engagement with charities, arts organisations, community centres

Providing trainees with a variety of placements and organisations beyond the NHS also supported the development of multidisciplinary skills. For example, one university involved trainees to support in-patients who are being discharged from hospital with their transition back to the community. Patients were given the option to attend group therapies outside the hospital with people with similar difficulties and long-term admission. This appeared to have the following outcome:

“They (in-patients) felt that this was OK, this was their first step going back out into this whole integration of a community where they knew each other, they all had experiences of being in hospital. But the success was based around the referral criteria and the multi-disciplinary team.”

Another example was the involvement of trainees in the provision of community nature-based and outdoor-based art, drama, or music therapies:

“It is (nature-based/outdoor-based therapies) a model of stepped care spanning across community treatment to inpatient treatment. You could have patients coming from the inpatient ward, but you could also have people who are in the community having ongoing membership of that group. Filling this gap because people often get discharged to nothing.”

##### Other practices that could be implemented

Three more suggestions were provided by trainees and newly qualified practitioners in terms of how their multidisciplinary skills could be improved:

1. Guest speakers from other professions, such as occupational therapists and nurses
2. Guest speakers to raise awareness of different therapeutic models, such as Dialectical Behaviour Therapy (DBT), Mentalization-Based Therapy (MBT), Eye Movement Desensitisation and Reprocessing (EMDR)
3. A list of the key roles within the NHS and what each role entails
4. Outreach projects and placements
5. Introduction to cross-over theories between art, music, drama, play, dance, and movement

### 3. Equality, Diversity, and Inclusion (EDI) principles

All participants who were interviewed echoed that our commitment to EDI principles (often referred to as EDIB for Belonging) needs to be ongoing. One-off EDI sessions were viewed as a ‘tick box’ exercise by trainees and newly qualified practitioners, who shared that:

“I have been disappointed in the handling of topics around diversity, equality, and inclusion. I feel this is significant because, if not done right, the covering of these issues insensitively or superficially can cause pain and harm. A real and uncomfortable series of discussions on unearned advantages and the perpetuation of oppressive systems is imperative.”

#### Innovative practices to develop EDI principles

##### Introduction of new EDI module(s)

Most HEIs have now introduced at least one EDI module, the titles of which varied. Some of the most mentioned sessions were focused on: inter-generational trauma (e.g., from the Holocaust or slavery); culture (e.g., cultural humility); theories (e.g., race theory, feminism); power (e.g., power oppression and anti-oppressive practice); intersectionality; and social justice. For example, in the sessions on social justice students were focusing on their own community and tried to identify someone whose mental health or lived experience has been disproportionately impacted by discrimination or structural disadvantage.

##### Apprenticeships

Apprenticeships were considered by most participants as a significant step towards developing more inclusive and diverse cohorts, that reflect the diversity of our society. For example, a course leader in music therapy said that:

“We will be able to work with the different identities of music therapists to mirror the most under-represented groups.”

However, some course leaders were less optimistic due to the small number of apprenticeships which are available every year, and they mentioned that we cannot rely only on apprenticeships to make cohorts more diverse:

“With music therapy specifically, you need to be able to know at least one musical instrument, in that case, learning a musical instrument is a privilege on its own. Who can afford playing piano and guitars? We need to start from the early years and from schools to provide equity of access to the arts, or else we may never truly become diverse as a profession. That’s a systemic issue of how government’s basically trash funding for the arts and the state of music education in the UK is horrible...”

##### Revision of success criteria in interviews

Some HEIs have reviewed the interview criteria to accommodate the needs of neurodivergent candidates and they have been more open regarding recruiting candidates with mental health difficulties. This was also an emerging need that NHS employers mentioned:

“Some colleges turning people away because they automatically assume that having mental health difficulties means you can’t be a therapist. I worry, are we turning people away that actually represent backgrounds that we really need in our professions? It’s perhaps looking at whether mental health difficulty would stop you from becoming a therapist and when it would. But you need to be clear about what makes a good therapist and what not.”

##### Review of assessment methods and criteria

Similar to the interview success criteria, some courses reviewed their assessment methods and criteria to ensure that they meet the needs of neurodivergent trainees. Alternatives to long assessments were considered and implemented, such as video essays, posters, or vivas.

However, some course leaders expressed some concerns and challenges behind this practice:

“There’s a real challenge working with neurodiverse students. If a student’s not ready to work independently, the neurodiversity goes through mitigating circumstances panels and the student passes, where the academic decision is that they’re not actually ready. This is sometimes in opposition to academic judgment. Now that’s complex because the responsibility of the programme is to adapt to neurodiverse students, but it is an ethical question about students being ready to practice, ethically it’s questionable if that gets overturned.”

##### Teaching beyond the classroom

Where possible, both the academic staff and trainees preferred having some teaching sessions outdoors. For example, in one of the courses, trainees had EDI sessions in galleries and festivals that focused on the aspects of race, disability, sexuality and gender.

##### Engagement with diverse service users and therapists

There was a consensus that, in order to recruit more diverse candidates, the respective professional associations need to reach a variety of spaces to promote the profession. Such courses have already started doing that by advertising the profession more widely.

“We aren’t targeting places where people are accessing male counsellors, we know that there are lots of male artists out there, how can we engage them? Finding where men congregate and put in a post or advert, it all comes down to marketing.”

##### Lived experience expertise

Trainees and newly qualified practitioners valued the sessions where service users who have previously participated in art, drama, or music therapy, for example people with dementia, stroke, or disabilities, came to the university as visiting lecturer, but also contributed to the curriculum as ‘experts by experience.’

##### Sonic mapping

In music therapy, an innovative practice mentioned was ‘sonic mapping’. During the induction, trainees were invited to tell their cultural stories putting together a sound scape and tracks of music that have been significant for them and reflect their own culture. Similar techniques can be adapted for art and dramatherapy trainees.

##### Open mic night

In another music therapy course, cohorts were coming together through an open mic night with staff and students, as a way to promote and celebrate the diversity of the cohorts:

“We had an amazing eclectic mix, people doing full electronic punk, then a jazz duo, then someone playing Debucci on piano and someone doing a completely wacky free improvisation. Recognising the diversity of musicianship and learning from others and supporting their own artistic expression and performance.”

##### Access to less traditional therapeutic spaces

Another recommendation was providing therapies in different spaces, which have not been traditionally used for therapeutic purposes. This could include, for example, outdoor and natural environments, museums, galleries, sensory rooms:

“Having things like hospitals with outdoor spaces, sensory gardens, places where you can be in the senses and in the body, rather than just sitting in a room somewhere or in a hospital. Bringing therapy outside of the hospital, in museums, gardens, parks…”

##### Other practices that could be implemented

A wealth of suggestions was provided regarding how EDI principles could be promoted further and implemented in practice. The most mentioned were the below.

1. Payment for placements / access to AHPs bursary. The lack of accessibility to AHP bursaries was seen as discriminatory towards art, drama, and music therapies.

“Placement should be funded with a bursary just like nursing. Nurses are funded and work with a trained nurse mentor at all times. We are in just as a responsible role, yet we are 'let loose' without anyone in the room and are compensated with nothing. This means the roles are often only available or viable for certain people - e.g., white, middle class, well off… It goes against what we say we stand for in terms of inclusivity and intersectionality. What we say and how we practice are at odds and needs to change. If we were funded, then it makes the role more viable for those on lower incomes and gives more accessibility to our profession.”

1. Easier process and signposting for raising complaints and feeling safe to do so. For example, by contacting the Proctor rather than the course staff if an independent perspective is needed
2. Diversity and representation among the academic leadership board
3. EDI principles embedded throughout the curriculum, rather than as one-off sessions
4. More diverse cohorts of trainees and members of staff
5. Neurodiverse consultants to re-design the course materials and content delivery
6. Guest lecturers from neurodivergent therapists and clients
7. Group problem-solving sessions with disabled individuals
8. Case studies with service users from different cultures to practise cultural humility
9. Reading lists that include authors of diverse backgrounds
10. Video-recorded lecturers or materials with captions
11. Active anti-oppressive practices (e.g., examining factors behind poor retention of non-white students and finding ways to mitigate this)
12. More inclusive representation of the arts, for example:

“Students’ musical background is incredibly diverse, including things like K-pop, Jazz, and other music genres outside the European sector. A lot more people have experience of African music and Southeast Asian music. That is desperately needed.”

“Rethinking the material artistic repertoire, the fine art materials that still have a predominance or bias. We’ve been focusing on the visual culture. Look at contemporary artists and how they work with materials in terms of grief, aging or poverty… We are going into exhibitions and exploring materiality - is it really choice, is it relevant to peoples’ cultures? Think about people with different cultures and backgrounds, are they familiar or it’s that western view? I’m saying this to students, that I really want to see their artistry, I want to see a room that is hospitable.”

1. Diversity promoted in events and conferences, for instance:

“Arts therapies conference programmes really interest me, I scan the speaker biographies looking for clues as to how they paint a picture of our community and our identities. Often, I see a lot of examples of arts therapists sharing the year they qualified as a therapist. I wonder why this is important information to share? Is it a communication that links to dynamics of power?

What might nudge us further in our striving to be inclusive is encouraging our sharing of more in conference programme biographies, of what makes us individuals and a group. This could be more reflections on the richness of our own individual personal arts identities, where these stem from culturally as well as our backgrounds, for example: 'Stephen (he/him) is a white, gay, music therapist and countertenor. He grew up in Northern Ireland during 'The Troubles', he's the son of a farmer and now lives in the big smoke of London, he rides a bicycle every day to work. Brunch on a Saturday morning is essential for him. He finally found joy in exercise for the first time when he was 35.”

### 4. Research skills

There was consensus across all employers that a basic understanding of research is expected, especially for Band 7 roles onwards:

“I’ve interviewed hundreds of people and this is massively missing but it’s in the Band 7 job description, you have to have an awareness of how to evaluate practice. It’s expected that they know how to use outcome measures, how they collate feedback, how they represent that to other professionals, how they facilitate change, so kind of process-based research.”

Knowing how to involve service users in formal evaluation and how to co-design sessions alongside service users is also becoming increasingly important:

“They need to have that level of awareness to step back and say, can we design this differently, could I look at evidence, can I consult the patients, can I consult staff members? There is something about gathering information and knowledge about the spaces where arts therapists could occupy really important positions to have a big impact on health.”

“We need to think about co-production, moving the power balance of interventions to be more shared with service users as equal partners in designing what works best for them.”

#### Innovative practices to develop research skills

##### Shared research modules

Some courses had successfully delivered shared research module with students from other departments, such as from psychology. In these shared modules, lectures were delivered by psychologists with advanced research skills and experience. These modules were even more successful when art, drama, and music therapy trainees collaborated with psychology students to undertake research projects as a team.

##### Linking research with placements

Trainees appeared to perform better when their research project was linked to their placements. For example, in the first year they could start by conducting a literature review that relates to their first placement, followed by their major research project which could be linked to their clinical experience/placement. This method helped trainees to put research into perspective and make sure they have a good understanding of this area. At the same time, however, trainees preferred to have more freedom and flexibility to choose their dissertation topics, and this should be taken into consideration too.

##### Encouraging students to publish their dissertation

Offering trainees the option and support to publish their dissertations appeared to encourage them to develop their research skills further and overall perform better in their research module. However, the benefits of this method were often limited to trainees who are interested in publishing or following an academic pathway.

##### Postgraduate conference

At the end of each academic year, some programmes brought together all postgraduate programmes with research modules, inviting them to present their major research projects and build their network with other healthcare professionals. Such initiatives are also being organised by NHS trusts, such as in the East London NHS Foundation Trust (ELFT) who are hosting a conference specifically for art, drama, and music therapy trainees.

##### Other practices that could be implemented

1. External/guest speakers presenting their research, such as PhD researchers
2. Guidance on how to read, write, and publish a research article
3. Development of a network for trainees who wish to pursue research post-qualification
4. Exposure to innovative research projects, such as the use of AR/VR in therapy

### 5. Leadership and strategic skills

Several employers argued that demonstrating leadership skills is necessary, particularly for Band 7 onwards. However, such skills were often not required for newly qualified practitioners:

“I'd be slightly worried if somebody came as a newly qualified and they were suddenly pushing their leadership skills, I think that would be unhelpful rather than helpful.”

Nevertheless, the definition of leadership varied; for example, supervising a student was often considered as significant leadership opportunity:

“Leadership comes when they first take on a student or start supervising someone else.”

“There is some requirement for leadership, not a big L leadership, but in terms of being a master’s level mental health professional. I, obviously, do not expect to start right from the beginning but having that willingness to lead and manage groups in the future.”

The lack of demonstration of leadership skills was often considered a reason why art, drama, and music therapists were being denied access to more senior management posts. Therefore, consideration should be given as to how leadership and strategic skills can be developed further, even if it is in the form of a CPD training outside the core curriculum:

“They need to start from the bottom, you know what I mean? I wouldn’t want students to assume that because they are qualified, they are ready to start managing their own service. It would be a good idea to have some extra courses that are not part of the MA, such as a weekend course on leadership.”

#### Innovative practices to develop leadership and strategic skills

##### Guest lectures from senior art, drama, music therapists or consultants

In some course, consultants in art, drama, or music therapy were invited to come and give guest lectures on how they arrived in positions of leadership. Such sessions helped to clarify that the path towards leadership roles is not linear, and that it is important to realise how relatively **“small”** tasks or responsibilities can have a significant impact on the gradual development of leadership skills.

##### Shadowing NHS leaders for a week

Some NHS trusts provided trainees and newly qualified practitioners with the opportunity to shadow professionals at more senior levels to understand what their job entails in practice. Most importantly, this would help practitioners to get a sense of whether this is a career pathway they would be interested to pursue considering the additional responsibilities and pressure.

### 6. Digital literacy skills

Digital literacy skills are still considered essential, even after the Covid-19 pandemic. Digital skills were particularly important to improve accessibility and sustainability, engage people from rural or semi-rural areas where public transportation may be limited, and for ‘high risk’ populations who prefer to not visit hospitals in-person.

“Since the pandemic we’ve linked with people who historically we would struggle to get in the room. Some people need to have more control over their engagement.”

Digital skills were also important to keep on track with current technological advancements:

“The NHS has got 83 companies who are engaging in different VR possibilities. We need a stronger digital element on the programmes to be part of that culture change.”

“Not just online digital, but digital face-to-face too. Using digital technology and hardware that’s available for creating artwork, music, animation…”

Providing virtual or blended sessions was also beneficial for working with children and young people, people with learning disabilities, neurological or physical health difficulties and long-term conditions. Online therapies appeared to make group facilitation easier too.

There was a lack of innovative practices to promote digital literacy skills. There was often no capacity or expertise within the core teaching team to develop and deliver new teaching materials on digital literacy skills. However, some courses provided additional sessions on the core principles of working ethically online. Trainees were also signposted to external courses. The most common ones were related to the use of AR/VR therapeutically, and training into compositional software, such as Ableton, which was found useful for song-writing in music therapy.

### 7. Generic skills

According to the interviews with NHS employers, generic skills often appeared to be lacking. These included a range of skills such as risk assessment, safeguarding reporting and whistleblowing, clinical practice assessment and audit, care planning, organisation skills, time management, managing finances, professional boundaries. As a newly qualified therapist said:

“Having just started a job in the NHS, I have lacked the confidence in conducting assessments in art therapy. It is a shame my training was not focused more on this element, sharing more generic skills, and putting these into practice in each placement.”

#### Innovative practices to develop generic skills

##### Safeguarding week

In one of the courses, an entire week was allocated to safeguarding training, which was delivered by a guest speaker specialising in the areas of risk assessments, health and safety.

##### Practice education passport

Similar to the safeguarding week, the practice education passport is an induction into confidentiality, the HCPC standards of practice, multi-disciplinary practice, and teamwork. The induction also included some practical guidance, such as how to set up the therapeutic room, or how to engage with policy makers.

##### Other practices that could be implemented

1. Placement supervisors could have a list of specific competencies and examples of how these should be evidenced throughout the placements. This would be in line with other AHPs’ training and would ensure that the HCPC standards of practice have been achieved prior to qualification.
2. A clear list of boundaries for trainees to take to placements, included things that they would and would not be expected to do or undertake as trainees.
3. Understanding formulation in therapeutic practice.
4. Sessions on how to work safely with families.
5. Higher attention on self-care, for example:

“Self-care and wellbeing, how to avoid indirect trauma when working with challenging clinical material. Lecturers allude to the concept of 'wounded healer' etc but no one really discusses how to carry that woundedness in a professional way and how to stay well in yourself.”

## Conclusion and next steps

This project aimed to identify the skillset that will be crucial for the future workforce of art, drama, and music therapists, and to synthesise examples of good practice to equip trainees with this skillset.

This was achieved through conducting 22 interviews with NHS employers (i.e., Leads or Heads of AHPs, consultant art, drama, or music therapists), and course leaders from HEIs across the UK, as well as a survey with 55 trainees and newly qualified art, drama, and music therapists.

Based on the interviews and survey, a detailed list of innovative practices was developed which could help equip trainees and newly qualified practitioners with this core skillset: confidence and communication skills; multi-disciplinary skills; understanding of Equity, Inclusion & Diversity (EDI) principles; research skills; leadership and strategic skills; digital literacy skills; and generic skills. A wealth of examples coming from NHS employers, course leaders and academics, trainees and newly qualified practitioners have been presented in this report, alongside innovative ideas that could be further developed and implemented in art, drama, and music therapy training programmes.

The next step would then be the prioritisation and implementation of some of the most important practices within the curriculum. We consider this work ongoing, and we would greatly appreciate feedback and recommendations of good practice that might have been missed from this report.

These recommendations have been shared so far through a roundtable discussion with representatives of BAAT, BAMT, BADth, NHS employers, course leaders and academics. It was also shared with the National NHS and HEI Arts Therapies Leads Strategic Forum, where it was agreed to continue working on the wider sharing and implementation of these recommendations with HEIs course leads across the UK. This report will also be disseminated widely through the BAAT, BAMT, and BADth communications channels.

1. Verbatim quotes from respondents are written as “quote” [↑](#footnote-ref-2)
2. Health and Care Professions Council (HCPC) [↑](#footnote-ref-3)