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Abstract

This article sets out a collective vision for a new Music and Parental Wellbeing Alliance. It starts from the premise that challenges to parental wellbeing represent a persistent, global concern. When unchecked, these challenges can lead to negative consequences for the whole family. Music is common in the lives of many parents around the world; yet despite emerging evidence, it is not yet considered as an option in most parental care pathways. To address this requires a collaborative approach, leading to the founding of the Music and Parental Wellbeing Research Network in 2023. As a network comprising of parents, musicians, music therapists, healthcare practitioners, researchers, arts leaders, and policy

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experts, we set ourselves the task of proposing and setting out a direction for the field of music and parental wellbeing. We embarked on agreeing the key steps needed to advance the field, and the driving principles underpinning such endeavor, arriving at a vision for our ongoing work: To enable, sustain, and expand an international and interdisciplinary community that works towards ensuring that all parents have the opportunity – and are empowered and equipped – to engage with music that can support their wellbeing. In this short article, we articulate a mission for a new Music and Parental Wellbeing Alliance that is focused on achieving our vision through SHAPING evidence and practice, SUPPORTING professionals working in the field, and SHARING the potential of music in supporting parental wellbeing. We invite readers to join us in progressing this mission.

Keywords

Alliance, interdisciplinarity, mental health, music, parents, parental wellbeing, perinatal, wellbeing

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The Context

Parental wellbeing is complex and multidimensional (Wadephul et al., 2019). On the one hand, parenting can bring with it many rewards, such as emotional fulfilment; feelings of joy, new meaning and significance to life; and seeing priorities more clearly (Nomaguchi & Brown, 2011). On the other hand, parents can experience more negative emotions, financial problems, sleep disturbance, and challenging relationships than nonparents (Nelson et al., 2014). Parenting stressors disproportionately impact parents from marginalized groups, those with lower socioeconomic resources, and mothers (Nomaguchi & Milkie, 2020), as well as families with neurodivergent children (e.g., Frantz et al., 2017; Iao, 2024) and children experiencing physical or psychological health conditions (Cousino & Hazen, 2013).

Moreover, mental health during the perinatal period – a key component of parental wellbeing – is a global public health concern (McNab et al., 2022). Almost one in five women will experience a mental health condition during pregnancy or in the year after birth (WHO, 2022), with this risk magnified for parents with a history of mental health diagnoses (Cheung et al., 2024). Mental health conditions during this time also affect fathers and partners (Fisher et al., 2021) and are more prevalent in low- and middle-income countries (Fisher et al., 2012). They can have negative consequences for the wider family, affecting infant and child development (Howard & Khalifeh, 2020). Untreated maternal postpartum depression, for example, has been negatively associated with factors such as infant cognitive development, language development, and behavioral development (Slomian et al., 2019). Tragically, suicide remains a leading cause of death among perinatal women globally (Dudeney et al., 2023).

Despite recent research and investment, parental wellbeing challenges such as those described above are an enduring and international challenge (McNab et al., 2022), with implications for all the family. We posit that “parental wellbeing” includes optimizing parents’ emotional, psychological, and social wellbeing, including preventing and reducing symptoms of mental health

conditions (Perkins, 2024). Given the persistence of challenges to parental wellbeing, different ways of thinking are needed to tackle this multifaceted issue. In the wider health sector, the role of the arts in enhancing wellbeing has gained rapid traction in the past few decades, recognized as having the potential to be a non-clinical, cost effective, and sometimes transformative way to support wellbeing and with potential to help prevent, manage, and treat some mental health conditions (Fancourt & Finn, 2019). Music is a culturally ubiquitous phenomenon with deep evolutionary roots in human history. Often co-occurring with activities such as dance, movement, and rituals, music can serve to foster social bonding and cross-generational information transfer in groups and promote emotion expression and mental wellbeing in individuals (Clarke et al., 2010; Savage et al., 2021; Trehub, 2003). We define music widely to incorporate music making, listening, and creating as it occurs and is implemented in different cultural and social contexts. This includes music therapy and aligns with Spiro and Sanfilippo’s (2022) concept of “musical care,” which is a deliberately broad term referring to the wide range of musical practices that provide care for people across the life course. Music is pervasive in the lives of many parents around the world, frequently playing a part in daily caregiving, communication, and leisure activities. For example, lullabies, play songs, and nursery rhymes are common in many cultures, and parents often create everyday musical environments with and for their young children (Barrett, 2009).

There are many ways that music can be thought of as having the potential to support parental wellbeing. Review articles indicate, for example, that music may be able to support parent–child bonding and relationships (Hernandez-Ruiz, 2021; Newman et al., 2021; Parmar, 2019), positive functioning (Brisola and Ilari, 2021), and coping (Haslbeck, 2012; Kuuse et al., 2023), as well as providing social support during the transition to motherhood (Cluderay et al., 2025). In Crittenden’s (2016) extensive work with families at risk, it was noted that supporting parents to have more emotional capacity for their children elicited the longest and most positive changes in the

family. When parents feel supported and resilient, they are more able to respond sensitively to their child's needs, creating a nurturing and secure environment for both child and parent to thrive (Swanick & Jacobsen, 2019). Music can increase parental resilience (Pasiali, 2011) and reduce stress (de Witte et al., 2020), which we can infer could also support parents' emotional capacity (Polizzi & Lynn, 2021). There is also evidence, collated in review articles, that music can reduce symptoms of some perinatal mental health conditions. For example, music may help to reduce prenatal anxiety (Corbijn van Willenswaard et al., 2017; Lin, Chang, Chang et al., 2019; Mahmoud et al., 2021), reduce pain and anxiety symptoms in childbirth (Chuang et al., 2019; Ji et al., 2024; Lin, Chang, Chou et al., 2019; McCaffrey et al., 2020; Santiv  nez-Acosta et al., 2020; Wu et al., 2020), and reduce depression symptoms (Cluderay et al., 2025; Shimada et al., 2021; Sun et al., 2024; Yang et al., 2019).

Notwithstanding this, the full potential of music for parental wellbeing is not being met. There may be multiple reasons for this. First, music practices with parents are often in small, local pockets, and sustainability can be a challenge for economic, logistical, or resourcing reasons (see also All-Party Parliamentary Group on Arts, Health and Wellbeing, 2017). Second, while there is promising research evidence, there have been questions raised about methodological quality (e.g., see reviews by Cluderay et al., 2025; Santiv  nez-Acosta et al., 2020; Sun et al., 2024), pointing us to the need for further research that scrutinizes when (and when not), how, why, and for whom music might be beneficial for parental wellbeing. Alongside, this literature has tended to focus on the perinatal period, or the period of parenting a baby or young child, and there is scope for further work addressing music and parental wellbeing across the life course. Third, questions of quality are also relevant to music activities for parents, which often cross-over with music practices for young children. The quality and relevance of these practices from a parent and parental wellbeing perspective can be variable (see also Perkins et al., 2018). Finally, there remains a translational gap between the burgeoning practice and research in this area, on the one hand, and the remaining need for more long-lasting policy and implementation where it is warranted, on the other. These needs and challenges mean that – despite its role in many parents' lives, and despite the accumulating research and practice-based evidence – music remains underutilized in the care, advice, and support routinely offered to parents.

Setting a New Direction: Our Process

To work towards embedding music as a support option for more parents necessitates a collaborative approach; one in which parents, musicians, health professionals, arts professionals, policy makers, and researchers work together to tackle the above challenges. In response, we convened the Music and Parental Wellbeing Research Network

(MPWRN) in 2023. Funded by the Arts and Humanities Research Council (AHRC), MPWRN was the first of its kind to foster novel, international, and interdisciplinary collaborations to explore the role of music in supporting parental wellbeing. MPWRN was established by the first authors (RP and KRS) in response to academic and lived experience perspectives on the need for more and different support mechanisms for parents, who can experience multiple and complex barriers to wellbeing that have been exacerbated by factors such as health inequalities, stigma, austerity, COVID-19, and conflict. Our own backgrounds as musicians, along with our research in music and perinatal mental health, inspired us to bring music and parental wellbeing together, and the Network formed as a means of convening and strengthening the community working in this area.

Now, MPWRN has over 250 members from 26 countries across Africa, Asia, Australasia, Europe, and North and South America. The Network is not only international, but also interdisciplinary, including people from different, yet intersecting, disciplines including community music, music therapy, music education, music psychology, ethnomusicology, anthropology, social prescribing, mental health (including lived experience), arts and health, public health, midwifery, and perinatal psychology and psychiatry. Over the course of 2023–2025, the Network hosted a series of online events and started to compile resources shared by members, including research, practice, and policy examples. In this article, we set out to explain the process by which our network developed a vision and mission for the field of music and parental wellbeing that we plan to take forward through a new Music and Parental Wellbeing Alliance.

Our process began in March 2024, with our inaugural event as a network. Sixty-nine people from ten countries attended, representing multiple disciplines and perspectives including parents, lived experience experts, music therapists, music practitioners, health practitioners, researchers, and interested individuals. Within this meeting, we facilitated discussion groups focused on understanding existing music practices that support parents across different contexts, our shared values as stakeholders in this space, and important areas of focus as a network (see a summary of the event outcomes at www.musicandparentalwellbeing.org).

After this meeting, we invited volunteers to join a writing group to build on our insights from Event 1. Thirteen members plus the core MPWRN team (RP, KRS, DG, MD, PA) volunteered. Appendix 1 details positionality information of these members, all of whom have contributed as authors. The invitation to join the writing group was shared with all Network members, but we recognize that the authorship team is not fully representative of all our members, or of other people with interest and expertise in music and parental wellbeing. Moreover, our work has grown from a predominantly, but not exclusively, Western perspective on parenting. We fully acknowledge

that different cultures will not only shape different approaches to parenting but will also influence approaches to and experiences of wellbeing (Lomas, 2015), and therefore of parental wellbeing and the roles of music within this. For example, Western approaches to parenting tend to focus on individual family units, whereas in many world cultures caring responsibilities are shared more widely (Grove, 2023). There is also a need to consider diversity of musical practices in parenthood within a single society; for example, Kathryn Marsh's work has explored many roles for music in migrant and refugee families, including providing new musical and social beginnings for children and young people, as well as a shared space for immigrant children and their mothers (Marsh, 2016; Marsh & Dieckmann, 2016). While as authors we do represent different cultural and disciplinary backgrounds, we identify that there are still limitations with our current positionality, and we aim to continue growing the plurality and diversity of voices, cultural perspectives, and disciplines in our ongoing work.

The writing group committed to working together to agree collaboratively (i) the key steps needed to advance the field and (ii) the driving principles that should underpin such endeavor, in order to (iii) articulate a clear vision and mission for our ongoing work. The group met in June 2024, twice to accommodate different time zones, and collaboratively discussed three topics: the identified needs for ongoing work, shared values, and a vision going forwards. Each writing group was hosted on Zoom, lasted one hour, and was recorded. Summary notes were written by DG and shared with the writing group for any edits. Using the summary notes, the first authors (RP and KRS) conducted a thematic sorting of the main points to arrive at a draft of the key steps, driving principles, and vision and mission. This draft was first reviewed by the core Network team (DG, MD, PA) and then shared with the full writing group. Each member of the writing group was invited to edit the manuscript directly, and a further meeting was convened in October 2024 to support collaborative editing. RP and KRS then produced a final version considering the feedback and edits, which all authors approved. A final round of edits, again approved by all authors, followed peer review.

Setting a New Direction: Toward Our Vision

Collectively, and growing from the gaps identified above, we identified a set of three key next steps needed to advance the field, detailed below.

SHAPE: We need nuanced and rigorous interdisciplinary evidence on when (and when not), how, why, and for whom music can support parental wellbeing. This could involve collective work to agree, shape, and implement methods that are appropriate for capturing, exploring, and measuring the impact of musical activities in parental

contexts. It may also involve critiquing the current evidence and its limitations, developing new methodological possibilities, building a shared understanding about what “high quality” looks, sounds, and feels like for a topic that spans music and health, and developing new projects that put all of this into practice.

SUPPORT: We need to increase support, training, and capacity building for music and health practitioners working in music and parental wellbeing. This could involve continuing to identify areas of need, developing formal and informal training and professional development, advocating for and implementing appropriate supervision, and sharing knowledge across different domains of practice.

SHARE: We need to translate and embed research and practice, where appropriate, into systems and policies. This could involve building partnerships to support sharing of evidence, advocating for music in parental care pathways, and building mechanisms for research to reach policy makers and influencers.

To advance our work of Shaping, Supporting, and Sharing, we agreed a set of four underpinning principles as set out in Table 1.

Putting our future steps and guiding principles together, we collectively articulated a long-term vision for our work:

Our vision is to enable, sustain, and expand an international and interdisciplinary community that works towards ensuring that all parents have the opportunity – and are empowered and equipped – to engage with music that can support their wellbeing.

We recognize that “engaging” with music will look very different for different parents and families. Spiro and Sanfilippo (2022) articulate the multifaceted nature of music in people's lives, pointing out that it can be experienced alone or with others, sometimes facilitated by a specialist and sometimes experienced completely privately, as a listener, maker, and/or creator. For some parents, music will already be an embedded part of familial routines (Barrett, 2009). For others, it might be less part of familial routines but a regular appointment in the week for a music class, lesson, or music therapy session. For yet others, it may be a combination of these, or a different combination altogether. Our view acknowledges that parental wellbeing is not solely an individual-level construct but is shaped by broader family and community dynamics – such as children's wellbeing and relationships among parents – and influences other family members in return (Newland, 2015; Nomaguchi & Milkie, 2020). As such, parents in different cultures and circumstances will have different ways of potentially benefiting from engagement with music. For instance, while some parents might incur benefits from being directly involved in a musical activity, others may garner benefits more indirectly through their family members' or community's involvement. We also know that not everyone has equal access to the arts. In the UK,

Table 1. Underpinning principles for future work in the field of music and parental wellbeing.

Principle 1: Our work in music and parental wellbeing should be inclusive, accessible, diverse, and international.	<i>This means being curious and open-minded about what “parent,” “music,” and “wellbeing” mean. It means actively seeking and representing multiple and diverse viewpoints from varied cultural, musical, and parental contexts and recognizing and tackling inequity in access to music. It means defining “parenting” according to those who identify as parents and viewing parenting as continuing across the life course.</i>
Principle 2: Our work in music and parental wellbeing should be co-developed, personalized, and responsive to and driven by parents.	<i>This means working with and empowering parents, recognizing the need for personalized approaches that are context specific. It means recognizing that music is not neutral, may not always be helpful and can be harmful, and questioning narrow assumptions about musical value that may disempower parents from music engagement.</i>
Principle 3: Our work in music and parental wellbeing should be evidence-based and impact-focused.	<i>This means working collaboratively to develop shared ways of understanding and articulating the roles of music in parental wellbeing, with a view to developing robust, rigorous evidence that supports sustainable impacts in both practice and policy. This also means recognizing when there are limitations in music’s utility for parental wellbeing.</i>
Principle 4: Our work in music and parental wellbeing should be interdisciplinary and multiprofessional.	<i>This means bringing together parents, practitioners, researchers, and policy makers from different disciplines, specialisms, and areas as well as searching for diversity within each of these. Integrated work at the nexus of these multiple areas is considered essential for the field to make progress.</i>

for example, poorer mental health has been associated with more barriers affecting people’s perceived capabilities and motivations to engage in the arts, while people identifying as men or of white ethnicity report fewer barriers (Fancourt & Mak, 2020). Our vision is deliberately broad in defining what musical engagement looks like and how

our work might support this for parents. We embrace this fluidity and imagine that our work will be flexible in aiming to support parents through varied mechanisms. These could stretch from (and well beyond) informal guidance and information designed to empower everyday musical engagement, through to identifying and addressing access barriers to music for parents, through to advocating for structured music programs to support particular groups of parents.

Conclusion: A New Music and Parental Wellbeing Alliance

To work toward our vision, we conclude this short article by marking the launch of a new Music and Parental Wellbeing Alliance, which will be the legacy from our current Network. The Alliance aims to drive forward our vision by supporting our next steps for research, practice, and policy through a set of mission statements. Throughout each of the missions, we will endeavor to adhere to our principles as set out in Table 1.

SHAPE mission – the Music and Parental Wellbeing Alliance aims to share research resources, convene knowledge exchange opportunities, develop shared understandings of what counts as robust evidence through interdisciplinary methods, and seek and advocate for funding for the field.

SUPPORT mission – the Music and Parental Wellbeing Alliance aims to establish and facilitate a community of practice, work towards offering carefully-tailored training and capacity building opportunities for professionals, advance understanding of what constitutes high quality practice in the field, and share practice resources.

SHARE mission – the Music and Parental Wellbeing Alliance aims to advocate where appropriate for the power of music in supporting parental wellbeing, develop guidelines for parents and those who work with parents, proactively build relationships with pivotal policy makers and influencers nationally and internationally, synthesize key findings to increase the impact of research, and involve parents and practitioners as crucial drivers in all this work.

This article marks the start of the new Alliance, and has set out our principles, vision, and mission. Readers are warmly welcome to join us; individuals and organizations who support our vision and principles are invited to become members of the Alliance. Membership is free and includes access to events and resources as detailed above. To learn more, please visit www.musicandparentalwellbeing.org

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RP and KRS co-founded the Music and Parental Wellbeing Research Network and conceived the article. All authors contributed to the key ideas presented in the article, either through written contributions or through attending a writing group session. DG wrote up summary notes from the writing group sessions and RP and KRS synthesized the writing group's ideas and produced a first draft of the article. All authors reviewed and edited the manuscript which RP and KRS then finalized. All authors approved the final version of the manuscript.

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The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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This research did not require ethics committee or IRB approval. This research did not involve the use of personal data, fieldwork, or experiments involving human or animal participants, or work with children, vulnerable individuals, or clinical populations.

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Data Availability

Data sharing not applicable to this article as no datasets were generated or analyzed during the current study. Access to the writing group summary notes is via reasonable request to the first author.

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Appendix I. Author Positionality

Author	Institution/organization (if applicable)	Role(s)	Discipline(s)	Country of current residence
Rosie Perkins	1. Centre for Performance Science, Royal College of Music, London 2. Faculty of Medicine, Imperial College London	Researcher, Educator, Parent	Arts and health, Performance science, Music and mental health	United Kingdom
Katie Rose M Sanfilippo	1. City St George's, University of London	Researcher	Arts and health, Health innovation, Music and mental health	United Kingdom
Debi Graham	1. Royal College of Music, London 2. FirstMusic	PhD researcher, Founder, Consultant, Parent	Arts and health, Music and parental mental wellbeing	United Kingdom
Michael Durrant	1. Centre for Performance Science, Royal College of Music, London	Researcher, Educator	Health promotion, Performance science	United Kingdom
Philippa Alway	1. Independent	Policy adviser	Policy	United Kingdom
Lottie Anstee	1. University of Roehampton	PhD student	Arts and health, Mental health, Music psychology	United Kingdom
Kelly Corcoran	1. Vanderbilt University Medical Center, Nashville, TN, USA 2. Intersection, Nashville, TN, USA	Social Scientist, Artistic Director, Parent	Music, Community, Arts and health, Public health	United States of America
Ewan East	1. York St John University 2. soundLINCS	PhD Researcher, Project and Development Manager	Music composition, Community music	United Kingdom
Mark Ettenberger	1. Music Therapy Service, Clínica Reina Sofia, Clínica Colsanitas, Colombia 2. SONO – Centro de Musicoterapia, Colombia	Coordinator Music Therapy	Music therapy	Colombia
Julian Knight	1. Creative Futures (UK)	Creative Director	Community music; Arts – Education – Health	United Kingdom
Amanda Krause	1. Psychology, James Cook University 2. The Kids Institute, Perth, WA Australia	Senior Lecturer (Psychology)	Music psychology	Australia
Miriam Lense	1. Vanderbilt University Medical Center, Nashville, TN, USA	Assistant Professor, Researcher, Clinician, Parent	Clinical psychology, Music cognition	United States of America
Triona McCaffrey	1. Irish World Academy of Music and Dance, Health Research Institute, University of Limerick	Associate Professor of Music Therapy	Arts and health, Music therapy, Adult and perinatal mental health	Ireland
Bonnie McConnell	1. School of Music, Australian National University	Researcher, Lecturer, Parent	Ethnomusicology	Australia
Tiffany Ortiz	1. Carnegie Hall	Director, Early Childhood Programs	Community music, Music education	United States of America
Neta Spiro	1. Centre for Performance Science, Royal College of Music, London 2. Faculty of Medicine, Imperial College London	Researcher, Lecturer	Arts and health, Music psychology	United Kingdom

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Author	Institution/organization (if applicable)	Role(s)	Discipline(s)	Country of current residence
Rachel Swanick	I. Music Therapy with Families Hub, University of Derby	Program Lead for Music Therapy, Music Therapist, Parent	Psychodynamic music therapy	United Kingdom
Bahar Tunçgenç	I. Department of Psychology, Nottingham Trent University	Senior Lecturer Psychology	Psychology, Anthropology	United Kingdom
The Music and Parental Wellbeing Research Network	Led by the Royal College of Music, London and City St George's, University of London	Various	Various	Various