The Lullaby Project at Alder Hey

Evaluation Research Report | August 2026

Kerry Wilson and Clare Maxwell, Liverpool John Moores University

CONTENTS

1 INTRODUCTION AND HEADLINE FINDINGS

The Lullaby project was originally launched in 2011 by Carnegie Hall in New York, to support women's maternal mental health, early child development and family wellbeing. The project essentially pairs new Mothers and families with professional musicians to co-create original lullabies for their babies. It is an internationally renowned, evidence-based creative health programme that has been adapted and developed by different arts organisations globally in collaboration with the founding team in New York. Typical project milestones include lullaby composition, the professional audio recording of lullabies and public performance events, often with participating women performing their lullabies alongside professional musicians.

Lullaby at Alder Hey NHS Children's Hospital in Liverpool is delivered by two professional musicians - Georgina Aasgaard and Hedi Pinkerfeld – on behalf of Live Music Now as Alder Hey's lead arts partner. Live Music Now has delivered the Lullaby project across numerous community settings in North and South East England, Wales and Northern Ireland, with Lullaby at Alder Hey being the first version of the project to be delivered in acute clinical settings in the UK.

The evaluation of the project was commissioned in June 2025 by the Arts for Health programme at Alder Hey. Arts for Health is a leading and respected exemplar of the use of arts and creativity to support health and wellbeing in clinical settings. At the time of commissioning, Live Music Now had been delivering the Lullaby project as part of the Arts for Health programme on the hospital's Neonatal Intensive Care Unit (NICU) for approximately 18 months. There had been minimal formal evaluation to that point however to evidence its impact and value to patients, families, and carers; NHS staff; and wider support networks.

As part of the funding application to Alder Hey Children's Charity for the next round of Lullaby projects in 2025, a formative evaluation was proposed to capture:

1. The impact of taking part in Lullaby on women's and families' subjective wellbeing during babies' treatment and care;
2. The longer-term legacy of the project for participating families following outpatient engagement with and/or discharge from the hospital;
3. The value of the project to relevant NICU/NHS staff and professional musicians, including impact on professional development training needs and support;
4. The attributable qualities of the project and the creative experience in relation to providing responsive, personalised care to women and families;
5. Recommendations on the sustainability and scalability of the project as a core part of the Arts for Health programme at Alder Hey.

The evaluation was led by Dr Kerry Wilson[1], Reader in Cultural Policy and Dr Clare Maxwell, Reader in Maternal and Infant Health at Liverpool John Moores University. Modelled on earlier evaluation studies of Live Music Now Lullaby projects in Cheshire and Merseyside (funded by the NHS Improving Me women's health and maternity partnership 2021-22) and Swansea Bay (funded by Arts Council Wales 2022-23), the evaluation used qualitative methods to produce a narrative analysis of participating families' experiences of and reflections on the Lullaby project. The evaluation also engaged with lead professional musicians and hospital staff to explore the contextual value of Lullaby as a creative intervention in high-risk clinical settings.

Specific evaluation research methods included:

- Preparatory research interviews with professional musicians (July 2025).
- Thematic analysis of professional musicians' reflective journal entries dated January – April 2025 and October 2025 – April 2026 (84 pages in total).
- Research interviews with 4 participating families (January – March 2026).
- Research interviews with 2 NICU staff members (Nurse Practitioner and Occupational Therapist).
- Participant observation on NICU at Alder Hey (5 visits during February – May 2026).
- Short feedback forms left (in paper form) for voluntary completion by families on the ward (summarised in Appendix 1).

A trauma-informed approach was used in evaluation research design and delivery. Preparatory research interviews with professional musicians were helpful in guiding ethical considerations and trauma-informed decision-making, including appropriate division of roles and responsibilities within the research team. This included for example making researchers aware of bereavements experienced by some of the families that musicians had worked with and the loss of their babies. Given the highly sensitive nature of this work, emotional vulnerabilities and wellbeing of those involved, Maxwell led on data collection and observational fieldwork as an experienced registered midwife and Wilson led on data analysis and report writing.

When conducting fieldwork with families, including participant observation and research interviews, evaluation researchers became familiar with their personal histories and family circumstances. This has helped to understand the impact of the project in context for those families. Their own stories and personal details are not shared and discussed however within the report, to respect and ensure participating families' full anonymity and confidentiality. Verbatim quotations from research interviews are used in the report, with family quotations annotated numerically according to sequence of interviews. Throughout the report, "the ward" is used to describe the NICU space at Alder Hey. NHS

[1] Corresponding author: k.m.wilson@ljmu.ac.uk

research ethics protocols were followed throughout the evaluation process, including full DBS checks, completion of NHS Passport and occupational health processes.

An initial inductive analysis of musicians' reflective journal entries from January – April 2025 was undertaken, prior to the commencement of observational fieldwork and data collection (research interviews) from September 2025 onwards. This enabled a more thorough understanding of Lullaby in practice at Alder Hey and the identification of emerging, recurring themes and concepts. These were then merged into four key groups with thematic concepts used in prior Lullaby evaluation research and used to analyse (on a deductive basis) subsequent research datasets, including research interview transcripts and musicians' reflective journal entries from October 2025 – April 2026. Please see appendix 2 for the full Abductive Thematic Analysis Framework used in the evaluation.

Between October 2025 and April 2026, 52 families took part in the Lullaby project at Alder Hey, with 10 original lullabies composed and recorded. Headline thematic evaluation findings are as follows:

Creating a Holistic Care Environment

Lullaby at Alder Hey acts as an effective model of integrated creative health in providing deeply personalised care strategies for families experiencing considerable stress and trauma.

Musicians at Alder Hey are also supporting the wellbeing of staff working in neonatal intensive care by enhancing their working environment and atmosphere.

Musicians provide complementary and constructive support to the full range of clinical and therapeutic services provided to families in neonatal intensive care, with scope to develop this further linked to new clinical initiatives.

Musicians are an embedded, familiar and recognisable part of the culture of the ward, facilitating a shared sense of trust and appreciation between families and clinical staff.

Musicians provide a calming and reassuring presence for families and staff at Alder Hey, helping to encourage hope and positivity.

Music as an Affective Common Denominator

Music in particular acts as an affective human bond in this context, transcending formal roles, professional boundaries and cultural differences.

The creative talents of skilled, professional musicians incentivise, encourage and inspire creative participation and engagement in high-risk clinical settings.

Personalised care is further evidenced by the ways in which professional musicians respect and embrace families' own cultural tastes, identities and histories.

This is particularly effective in encouraging Dads to creatively engage in their babies' care and feel emotionally connected to them.

Music-making specifically is creating meaningful therapeutic moments and lasting legacies for families in challenging circumstances.

Intergenerational Impact and Family Bonds

The active inclusion of wider family members distinguishes Lullaby at Alder Hey from other versions of the project, which typically prioritise mothers and their maternal mental health.

All parents, along with babies' older siblings, grandparents and other family members are routinely included and supported by musicians.

This creates intergenerational impacts such as enhanced family bonds, improved communication and shared positive emotions.

Interpersonal Connectivity and Therapeutic Value

The personalised care qualities of Lullaby at Alder Hey are directly attributed to the responsive, reflexive, creative and interpersonal practices of professional musicians by participating families.

Musicians effectively engage in talking therapy with participating families, emphasising the impact of their interpersonal qualities and traits alongside musical talents.

This generates considerable, substantive trust between musicians, participating families and staff at Alder Hey.

This emotional resonance creates lasting therapeutic legacies, with families advocating for Lullaby at Alder Hey and the continuation of musicians' work at the hospital.

2 UNDERSTANDING LULLABY IN PRACTICE

The first main section of the report summarises initial (inductive) analysis of musicians' reflective journal entries from January – April 2025. This data set was useful in shaping our understanding of Lullaby *in practice* at Alder Hey, prior to the commencement of fieldwork and primary data collection activities from September 2025 onwards. Musicians' first names are used throughout to respect and reflect the personable nature of their work and the significance of their interpersonal familiarity to Alder Hey staff and participating families. The following emerging themes and concepts were identified, which have informed analysis of additional data sets described in section 3 below:

- Relationship building
- Musical catalysts
- Environmental shifts
- Articulating impact
- Mindful contexts
- Professional practices

Relationship building

> *"I was delighted to see how much calmer she was compared to when I first arrived. I ended up spending nearly an hour with them and time just flew by." Georgina, April 2025*

Reflective journal entries show a profound capacity for both musicians to make *empathic connections* with families, which form the fundamental basis of their ongoing interpersonal relationships and creative partnerships when making music together. This is evident for example in their sensitively written observations of parents' mood, energy levels and overall wellbeing; alongside babies' alertness, responses and physical condition. In one touching description of an encounter with a Dad on the ward, Hedi notes significant changes in his demeanour, from at first appearing stressed and not smiling to shaking his hand and asking him to visit again, summarising with "Felt like we'd come a long way in a short time" (March 2025). Musicians' creative decision-making - for example the choice of music to play (song; genre) - is directly informed by such interpersonal observations.

Musicians further engage in a gradual process of establishing trust with participating parents and families. This includes getting to know them relatively well during their time in hospital by engaging in *meaningful conversation* with them. Musicians describe spending time chatting "from the doorway" when they first meet parents, as a way to gradually introduce the idea of playing to the baby (Hedi, January 2025). There are several examples of parents sharing their own personal, familial and cultural histories with both Georgina and Hedi once they are more familiar to one another, including happy and traumatic experiences, especially in relation to becoming parents and extending their existing families. The mutual value of these conversational exchanges and their integral

relationship to the music-making process is evident in musicians' emotive descriptions. In Georgina's journal entries from February 2025 for example, she describes one such conversation as "truly touching".

A recurring feature of the relationship building captured by musicians' reflective notes are the moments of *shared intimacy* with families, which are often driven by the musical soundtracks provided by Georgina and Hedi. This is evident in the evocative description of moments where they are softly playing a gentle tune, while a parent delicately tends to the baby by rocking them or stroking their head. These moments are especially intimate when both parents are present and moved by the experience. Georgina and Hedi will invariably reflect on them as 'special', 'memorable', a 'privilege' and 'difficult to end'.

It is likely therefore that the trusting bonds created by musicians will create longer-term legacies and positive memories for participating families. In his notes from February 2025, Hedi describes meeting a family he had worked with months earlier, who had returned to the hospital for follow-up treatment. They shared that they "often think about our music sessions and songs" and had a photo of them playing together in baby's scrapbook.

Musical catalysts

> *"Dad invited me in and wanted to hear Wonderwall!!!" Hedi, March 2025*

Musicians' reflective notes illustrate the unique impact of collaborative music-making in forging *creative connections* with and between participating parents, families and nursing staff on the ward. For some families, the project represents their first experience of hearing live music, and of exposure to instruments being played in real time at such proximity. This in and of itself provides a pleasant distraction from the pressures, worry and stress experienced in such an intense clinical setting.

The trust-building conversations described above between musicians and families often reveal their individual musical tastes, experiences and broader aspects of their cultural heritage. These are then used to shape the creative direction of individual sessions (type of music to play, for example) and the composition of original songs. There are many different examples shared in the reflective journals, including: one mum having studied musical theatre and another performing arts; parents' professional roles in arts organisations and charities; a Bangladeshi family sharing family stories relating to food; one baby being named after their Italian grandfather; one Dad's love of rap music; a Mum identifying her favourite classical composer and her wish for baby to share her appreciation of music; parents or family members being able to play certain musical instruments themselves.

Special moments between musicians and families are often marked therefore by strong *emotional attachments* to specific songs or musical genres, which are played by

musicians on request. These may be parents' favourite songs, or songs that remind them of other family members and special times. The interpersonal connectivity made between musicians and families therefore – through the affective power of music-making together - adds to the personalised care qualities of music on the ward. In one example, Hedi describes the "amazing" personal impact for him after playing songs that parents had already been playing to baby in utero throughout pregnancy (April 2025).

The experience of making music on the ward subsequently introduces babies to their families' cultural and creative heritage. This is especially poignant when wider family members, such as grandparents, aunts and uncles, are visiting. In one example shared by Georgina in April 2025, baby's Mum, older sister and Grandad (i.e. three generations) had all participated in the session. The music made together therefore is also helping to create intergenerational *familial connections and bonds*, including with older children of participating parents and babies' siblings. One other parent shared with Georgina for example that "his 8-year-old daughter… listens to our recordings every night before bed and loves them" (February 2025). Such wider experiences and examples of familial engagement and connection distinguish Lullaby at Alder Hey from other more standardised versions of the project that prioritise maternal mental health and focus primarily on Mums on a more one-to-basis.

Environmental shifts

> *"I always enjoy the freedom of just playing and helping to create a peaceful atmosphere." Hedi, January 2025*

Similar experiences of *inclusive participation and engagement*, which are described throughout musicians' reflective journal entries, seem to create discernible environmental shifts on the ward. Georgina shares a moving example from March 2025, where she encourages a physical connection between baby and her cello, by asking Mum to place baby's feet directly on the instrument as Mum held them and she played. As baby reacts in pleasant surprise to the sensation, Mum laughs and staff members stop by to watch and admire the scene. It is easy to imagine how this transitory moment of togetherness between Mum, baby, musician and clinical staff may have lifted everyone's spirits.

This is evident in other descriptions of musicians creating a memorable, *positive atmosphere* on the ward, with shared music-making as the catalyst. In another example of intergenerational connectivity, Hedi describes a happy experience with four generations of one family (January 2025) including baby and older sibling (age 4), Mum, Nan and great grandparents. Discernibly inclusive qualities of the session include Hedi, big brother and Nan walking to the storeroom together to choose and collect musical instruments and the evocative descriptions of their playful, musical interactions.

From an environmental perspective, there are other examples of how musicians' presence in the hospital creates a more soothing and *holistically inclusive caring space*. When playing in more open, shared areas for example that effectively act as physical junctions between wards and clinical spaces, music can attract the attention and inclusion of older children receiving treatment at the hospital (e.g. on cardiac ward). In one example from April 2025, Georgina invited two older children in the playroom to play along with her for the babies, using a shaker and small guitar. This is entirely dependent on musicians' considered appraisal of ward activity, staff behaviours and wider clinical conditions and their subsequent informed decision-making on the most appropriate professional response. This environmental understanding is reflected by written observations such as noting that the ward was "very busy today" and that playing in a slightly more remote position was "the best way at the time to offer something positive while not interfering" (Hedi, April 2025).

The positive atmosphere created by musicians on the ward can lead to moments of pure *playfulness and joy*. Relevant moments recorded in reflective journals relate to noticing that the baby was in "great spirits", responding accordingly with upbeat tunes and baby becoming livelier and more excited. Hedi reflects that in moments like these, it is worth taking "the risk of being more upbeat" due to the impact this has on positive engagement and lifting the mood on the ward (February 2025). In one example that communicates perfectly environmental impact in the health care space, Georgina (March 2025) reflects on how nursing staff actively engaged in the session with Mum and baby by clapping along to the tune and a memorable point at which hospital porters arrived and also felt like part of a special, shared creative moment.

Articulating impact

> *"His reactions were clear through his eye movements, lip movements, slight vocalisations, and even some small movements in his toes." Georgina, March 2025*

Multiple layers of impact are implied in musicians' reflective note taking, both explicitly in terms of how shared creative experiences and direct responses to them are acknowledged and communicated and in how more subtle moments and observations impact on Georgina and Hedi themselves. Written reflections for example describe multiple *sensory impacts* shared by babies and parents, including one baby "moving as if dancing and vocalising" and Mum "smiling widely". Georgina then observes the baby yawning, so she slowed the tempo of the music, which helped ease him to sleep in a "beautiful" shared moment.

As musicians continue to engage with individual families and their babies, they can note changes in *babies' responsiveness and development*, including their emotional and

physical responses to different musical sounds and tempos. This is described in the ways in which babies focus on the sounds of different instruments for example, when Hedi and Georgina are playing together. This is perhaps best captured by descriptions of how a distressed baby responds to the music:

> *"It was actually really incredible to see how [baby] responded. He immediately stopped crying and locked his eyes on me, and later the neck of my guitar and my fingers. As I played, he was completely still and focused… I stayed for about 50 minutes until he was fast asleep." Hedi, March 2025*

There are other, equally specific examples of the soothing and calming qualities of music-making on the ward, especially in relation to individual babies' responses, thus complementing and enhancing similar, more environmental outcomes described above. Here we can better understand the *therapeutic qualities* for babies and families. Musicians show a flair in this context for making musical choices according to babies' needs and responses.

There are also examples of positive, parental engagement with the song-writing process that suggest an empowering quality for those parents, whereby they are given back an element of control in their babies' care and in their own wellbeing. In one example where both musicians are working with a Mum to record her song, she is described as excelling in "expressing her ideas and guiding the recording process" (Georgina, March 2025), making it an especially rewarding, collaborative experience for Georgina and Hedi too. In another example shared by Hedi (January 2025), he describes a touching shared moment between parents as they record their song together, with Mum "becoming our sound engineer" as dad sang and her visible pride in him.

Other examples of *enhanced family wellbeing* include tangible improvements in levels of parental enthusiasm and engagement and in their interactions with one another. In one excerpt, Hedi notes "so many incredible things", including "parents holding each other by the bed while I played" (February 2025). This also applies to how music is supporting older siblings to connect with new babies and adapt to the clinical environment, with Hedi reflecting on one key moment where baby's 4-year-old brother "took the instruments over to [baby] to show her how to play" (March 2025).

As families spend more time with Georgina and Hedi, it is apparent through their reflective note-taking that they become more open about their mental health challenges, both in relation to present circumstances involving babies' care and in relation to other, historical experiences. Both musicians offer subsequent observations on how music making on the ward appears to be supporting *mental health* awareness and communication, both with and between families. In one reflective observation, Hedi describes an emotive conversation with one Dad on his past traumatic experiences, in

which he had expressed a lack of confidence in his writing abilities but "his openness obviously suggested otherwise" (April 2025), with a note to use this conversation as a creative starting point through gentle encouragement.

Mindful contexts

> *"She was sharing very openly about the responsibility they feel about having to take these literally life and death decisions... Dad also opened up so much about what they're going through. It's amazing I think that they feel so comfortable with me." Hedi, February 2025*

Despite the predominantly positive tone of musicians' reflective journal entries, it is important to remain mindful therefore of the challenging contexts in which this creative work takes place. In our preparatory research interviews, both musicians shared their experiences of meeting and working with families at Alder Hey that had sadly lost their babies (acknowledged and discussed in introductory chapter above). Within their reflective notes, it is possible to feel the presence of *anticipatory grief* for some families in the intensive care environment and its subsequent impact on Georgina and Hedi. In one excerpt, Georgina had encountered a parent in passing on the ward, who had just been given a devastating prognosis for their baby, which she described as "heartbreaking to witness" (March 2025).

For families experiencing anticipatory grief, the creative relationships with Georgina and Hedi seemingly provide additional emotional and therapeutic support, both in relation to their capacity to listen and talk with parents and via the music-making process. Hedi described a similar experience of meeting one traumatised father in passing, who was keen to continue working on their song together "almost as if a music session was really urgent" (Hedi, January 2025).

There are two significant implications here for participating musicians and their own mental health and wellbeing. The first is the experience and impact of *vicarious trauma*. This is a likely consequence of working in such a challenging clinical environment to begin with, which is subsequently compounded by the interpersonal relationships and emotional connections formed with babies and their families. The second is the emotional burden of undertaking *therapeutic practice* beyond musicians' creative expertise, including for example effectively engaging in talking therapies with parents and families. These emerging implications are discussed further in 'Learning outcomes and recommendations' section below.

Professional practices

> *"I planted a seed about making a song, but this was not the right time." Georgina, April 2025*

Given the intensity of the situated care environment and the emotional vulnerability of families on the ward, musicians' reflective journals illustrate the importance of

responsive and reflexive professional practice. Expanding on the gradual process of getting to know families by engaging in meaningful conversation and building trust (described under 'Relationship building' section above), the process of music-making is also introduced gradually, in response to social and cultural cues from families and reflexively in any momentary care context. It is often more appropriate at a given time for example for musicians to sit and quietly play in a shared area on the ward, rather than try to engage families on an individual or one-to-one basis.

When getting to know families, it is most helpful to them at first for musicians to play music (sometimes of family members' choosing, as described in 'Musical catalysts' section above) rather than immediately begin the composition process as per the more conventional Lullaby project design. This is often where those most intimate moments are shared, which subsequently build trust and gradually guide the music-making or composition process. Their effectiveness therefore is reliant on musicians' intuition, sensitivity and skilled reflexive practices in any given moment within individual sessions and visits. Cultural responsiveness is another important aspect of this work, with examples of some parents needing to observe specific holy days and others having limited English language skills. The ability to let music in this context guide the interaction is a unique and very specific skill.

In terms of other notable professional practices, reflective journals also illustrate the *complementary* value of music-making on the ward via effective *cross-disciplinary collaboration*. A significant example is described in notes on a joint session (between Georgina and Hedi) in February 2025, where musicians effectively worked as a clinical team alongside a physiotherapist. Together they were able to track the baby's sensory and motor responses to musical sounds by playing different instruments in different locations in the room. One of the parents also asked Georgina to speak to the baby in her native French, adding to the cultural value of the session!

Other examples of musicians offering constructive support to ward staff include effectively keeping babies' company when they are alone, as some parents and families are unable to stay with them throughout the day for various reasons. Staff ask musicians to play for the babies in such circumstances to provide social interaction and creative stimuli, especially if they are agitated or experiencing discomfort. Musicians write of this having a calming impact for both babies and ward staff. Similarly, simply sitting and playing to baby can offer Mums a moment of respite when they are on the ward and feeling overwhelmed. Their descriptions of simply sitting with babies and gently playing to them are some of the most moving excerpts in the reflective journals. These moments also create opportunities for musicians to chat one-to-one with staff members and to really become an integrated part of the clinical teams.

Most significantly in terms of professional practices, journal entries show an exemplary working relationship between both musicians, particularly in the ways in which Georgina and Hedi communicate and collaborate with one another. Their *creative compatibility* and interprofessional practices therefore are integral to the success and impact of Lullaby at Alder Hey. One excerpt from Georgina (April 2025) beautifully captures their working relationship, describing a moment where Hedi joined her on the ward and started to accompany her cello playing with his guitar:

> *"The new sound environment really lifted the atmosphere, seemingly Mum's spirit too. It was perfect timing, as we were able to offer a more harmonious soundscape."*

3 UNDERSTANDING THE IMPACT OF LULLABY AT ALDER HEY

The next section discusses interview data with participating families and Alder Hey staff, along with musicians' reflective journal entries from October 2025 – April 2026, to explore further *the impact* of the Lullaby project at Alder Hey. Recurring themes identified in our initial inductive analysis of earlier reflective journal entries (summarised in section 2) were grouped and used to analyse relevant qualitative data and summarise findings as follows:

- Creating a Holistic Care Environment
- Music as an Affective Common Denominator
- Intergenerational Impact and Family Bonds
- Interpersonal Connectivity and Therapeutic Value

Creating a Holistic Care Environment

To help us to understand the impact of the project *in context*, research interview data with participating families emphasises the extent to which music-making on the ward embodies the *principles of wraparound care*. This is reflected in the way that families describe the musicians' approach as "hyper-personal" for example, and in the very explicit way that spending time with Georgina and Hedi is described as complementing and enhancing more conventional therapeutic support interventions available at the hospital. In this context, the musicians' professional practices and contributions via the Lullaby project act as an effective model of integrated creative health.

> "I think when they're in the room, you do feel like it is just for you, which is really nice… it's hyper personal. It feels very caring as well." Family 1

> "…we had contact with the psychologists on the ward as well. And I think I had some one-to-one sessions and we also had some family stuff… they talked to us about… the kind of threat, drive and soothe systems that you can kind of tap into. And I would say that the contact that we had with Hedi and Georgina and doing the lullaby and that kind of thing was definitely in the soothe category. And it's about balance, isn't it?" Family 4

The same principles of wraparound, personalised care apply to ward staff and their engagement with Hedi, Georgina and families, emphasising the situated environmental impact of the musicians' work. One member of staff (Nurse Practitioner), during a conversation with one of the research team in the hospital's emergency department, spoke eloquently about the personal value of having musicians in residence to her, especially as a neurodiverse staff member. She shared one memorable, personal experience for example whereby Georgina had started to play a song that had personal meaning and relevance. She spoke of the instant calming impact this had on her and how she had subsequently come to value the musicians' presence on the ward in boosting her morale, emotional responses and coping strategies. She particularly valued the fact

that Georgina went on to remember her personal connection to that one particular song and now regularly plays it for her when they meet.

> "...there are times on shift where it is absolute mayhem... and then you hear the musicians and it is just instant calm... They integrate themselves with the team so well... I came here newly qualified two years ago and I wish I had learnt about it in my training... I found it very overwhelming and overstimulating as a neurodiverse person, coupled with being newly qualified, it was very stressful... it boosts my morale, it makes me feel cheerier... hearing those songs that remind me of home and comforting moments." Nurse Practitioner

Families also recognised and articulated the value of having musicians on the ward to clinical staff, and how the shared, holistic experience of taking part also helped their relationship with them.

> "...if your nurse for the day is having a really good day and they're really positive and, you know, they're on it and da, da, da, then you know you're going to have a good day and that things are going to go smooth, you know, pretty smoothly and that you're in it together... having the work that Hedi and Georgina do, having that be part of the culture of the ward is really impactful for everybody." Family 4

Musicians' reflective notes also continue to speak to the holistic, embedded qualities of their contributions to hospital life and their environmental impact. One example reflects a real full circle moment, where a former Alder Hey A&E nurse's baby was receiving treatment on the ward. She instantly remembered Hedi and Georgina and warmly welcomed their support. After one joint session with the family in October 2025, Hedi and Georgina describe the experience as "a genuine sense of connection, affinity, understanding and collaboration", with the parents even showing a professional interest in their work and a willingness to work together in a fund-raising capacity. In another emotional re-encounter, Georgina met a Mum she had supported before with an older child at Alder Hey, who had sadly since passed away. They shared memories of this together, including videos of Georgina playing to the baby, which Mum clearly cherished (January 2026).

The musicians' value as an integrated feature in the culture of ward life is also reflected in the extent to which families describe their sessions together as something to look forward to and as an activity that enabled a more *positive perspective* on an otherwise emotionally challenging experience.

> "Oh, it's lovely. It's great. And you look forward to it. You know, I remember just thinking, it got into this thing eventually where we were like, oh great, we've got Georgina on Tuesday, we've got Hedi coming on Friday. And it was, it's just a nice sort of thing to look forward to." Family 1

> "...the contact that we had with Hedi and Georgina... They were such a big part of the positives for us being in hospital, because being in hospital is not what you want when you're having a baby... a long stay in hospital isn't what you want or what anyone plans for." Family 4

Participating families were also able to expand on the positive atmosphere created by both musicians, and tentatively explored in section 2 of the report, by emphasising the

calming and reassuring impacts of engaging in music-making on the ward. Family 4 for example explained that the opportunity to press the pause button and engage in creative activity helped them to take a 'big breath' and absorb their experiences, come to terms with them more easily and feel that they had made it through.

> "And then to have that kind of, it was almost like taking a breath after, you know, stopping running and taking a big breath and having that opportunity to feel the feelings and connect with the moment of she's here, she's safe… she's stable, she's okay. And we're both okay as well… that kind of realisation of, oh my God, we've had a baby and it's all okay. And, you know, we're kind of out of the woods… Hedi was a big part of that." Family 4

The environmental impact of musicians' presence on the ward creates *lasting legacies* for families after discharge from hospital, with one family explaining that music-making had formed an invaluable part of their hospital experience and their capacity to absorb the psychological enormity of having a premature baby in intensive care. This again speaks to the extent to which both musicians have themselves adapted to ward life and become such an integrated part of the holistic care package for families and staff.

> "…it was the first experience for both of us to be in hospital for a period of time. And, you know, scary stuff was happening. You know, [baby] was having surgeries… That's a big, scary thing, a big, scary kind of life event. And for us to be able to come out the other side of it and not be completely traumatised or have, you know, horrible memories… speaks volumes about the positive aspects and Hedi and Georgina and the Lullaby Project [were] a big part of that." Family 4

The Lullaby project at Alder Hey clearly has a significant contribution to make therefore regarding the holistic care of patients and families, particularly with reference to parents' mental health and wellbeing. Research interview data with clinical staff, including an Occupational Therapist specialising in premature babies' sensory development, offer useful guidance and advice on the impact specifically on babies' development, especially those that are born at a much shorter gestational date. They described plans to develop a new unit[2], whereby very premature babies will be transferred sooner from Liverpool Women's and other hospitals to provide more stable continuity of care for babies and families. This may affect the appropriateness of music-making on the ward, particularly with regards to sound volume and density, to avoid the risk of over-stimulating babies' delicate sensory systems.

> "…going into the new unit, we are potentially going to have much younger babies [where] actually… we want darkness and stillness and what's evidenced is to [preferably] be under 45 decibels… We are going to be asking [for] things to be quieter. We're going to be asking [for] things to be darker. So really from 22 weeks to 32 weeks, we don't really want that much stimulation." Occupational Therapist

> "So, I guess those are my initial worries is that we're not getting the environment right as it stands, but I'm all for music and the use of music… when you work with music therapists, they

[2] The new unit development has progressed significantly, with plans for the building to open towards the end of 2026.

> use the different intonations and the different sounds… I guess it's just how we look at it on the new unit… more of an audit of [what] levels of sound [are appropriate]." Occupational Therapist

In their research interview, the Occupational Therapist is enthusiastic about the continued use of music in neonatal intensive care from a research-informed, music therapy perspective, indicating opportunities to develop the Lullaby project in collaboration with the occupational therapy team moving forwards and as the new unit formally opens. They make interesting suggestions for example about the value of music to babies in utero linked to their experience of another project (Womb to Room) and in supporting families through bereavement. The Nurse Practitioner also described their hopes for Hedi and Georgina to be part of the team in the new clinical space:

> "It would be really disappointing if they didn't come over to the new unit… for those babies to develop those neural pathways, they are instrumental to that… if they get a moment to hear music and it's developing that positive pathway, that's great, imagine what the future is for those babies." Nurse Practitioner

Music as an Affective Common Denominator

There are many examples of affective responses to music by families in our evaluation data, which speak directly to the power of the Lullaby project and musicians in residence more broadly as a non-clinical intervention. We can see for example how music acts as a leveller between families, clinical staff and musicians – creating an affective human bond that transcends formal roles, professional boundaries and cultural differences.

The first key attribute to note on the unique value of music-making at Alder Hey is the admiration and respect shown to Hedi and Georgina as supremely talented professional musicians. This admiration has evidently inspired and fuelled families' interest in taking part and engaging with music on the ward. The talents and professional standards shared by both Hedi and Georgina therefore are pivotal qualities of the Lullaby project that help to differentiate it from other types of volunteer-led creative health activity. The opportunity to create music alongside accomplished professionals has enhanced the enjoyment, pride and other positive emotions experienced by participating families.

> "And obviously they're very talented… Hedi was like, you know, what music do you like? And then all of a sudden he's playing that song… and he knows some of the lyrics or the chorus at least. And it's quite impressive to be honest." Family 1

> "I know how difficult it is to play an instrument by trying to learn. And when he just sat down and played a song off his back with no music… and I know how difficult it is to sing while playing… I said that to him as well. I said it's quite impressive that you can just do that. I think it's just come so naturally to you. So, I think that appreciation is good to have." Family 3

> "I remember talking to Georgina about, does she play for the Philharmonic… they are both proper musicians, aren't they? You know, as soon as they start playing, I don't know, when you see somebody coming onto the ward with a guitar, you think, 'oh that's nice', somebody's

> volunteering and, you know, perhaps they'll be able to play a bit of Ed Sheeran or, you know, something with four chords in it. But then… when either of them start playing… You describe them several songs and they can just instantly… They're just incredible musicians, incredible." Family 4

Interview data with participating families helps us to understand the true value of musicians' empathic engagement with them and acknowledgement of their own cultural tastes, identities and histories. Families are especially grateful for the personalised way in which their own musical interests and preferences were woven into their time with musicians, both in providing emotional support in the moment and in creating new music together.

> "…we just stopped and listened. And like, for me, that was probably one of the moments I'll remember the most… so for me it was just nice to actually just be, just think, oh, I can have a little cry here because it was very touching. It was lovely… I personally love classical music." Family 1

> "And I have a piece of music that I really liked as well. I used to play it all the time and… it got me through all the times I was at the Women's [hospital] and everything. It was just one of those pieces of music that he just played on loop… and it meant a lot… So, we used the music [and] then I read some words over the music, like a poem." Family 2

This is reiterated throughout musicians' reflective journal entries, as a means of both encouraging engagement with music-making and boosting parents' confidence to compose, perform and record original songs together. Hedi shares one example, where using one Mum's favourite songs as compositional starting points noticeably improved her confidence and enthusiasm as the session progressed, summarising with "we noticed that everything that [Mum] said she couldn't do (read, sing, record etc.) she did brilliantly and there was a real sense of achievement" (November 2025).

Really getting to know and connect with families' own cultural interests appears to be a particularly effective way of engaging Dads in music-making on the ward. Examples in reflective journal entries include Hedi being introduced to Nigerian music by one Dad, which inspired a particularly lively and collaborative session between the two (October 2025); Georgina learning that one Dad (and his own mother) used to play the cello, making him proud and emotional that baby's first exposure to music would be via the same instrument (November 2025); Dad singing one of his favourite artist's songs directly to baby with Hedi's accompaniment and becoming "more and more emotional" (December 2025).

There is one more particularly emotive example of a dad's proactive involvement in the project, which had a wider ripple effect within the family and was driven by a seemingly powerful creative connection with Hedi. Dad seems to steer the creative direction of their lullaby (or own original song) based on his own musical interests and engages in a joyful jamming session by playing a keyboard brought to the ward by Hedi. In their next session, Dad and Hedi continue to improvise and compose a song together with Mum's

encouragement, with Dad commenting that he had been playing to their older children at home (March 2026).

Making music together *specifically* therefore has created special moments and lasting legacies for participating families. The musicians' contributions to life on the ward serve a meaningful transitory purpose in a clinical environment and become uniquely memorable, caring legacies for all involved. Georgina describes one session in November 2025 as feeling like her and Mum "were on a musical journey together" and "a magical hour and a half". Families describe their creative interactions with musicians as positive and humane experiences, that acted as coping strategies in the immediate instance and are now fond memories.

> "The thing with the lullabies is it wasn't like they walked through the door and suggested it... They come around and play music and that was nice and to add a bit of humanity to everything. And then it was suggested and... we're the type of people to really get on board with something like that... and the different songs that we've been listening to and what we liked. There's not a lot to do in the hospital other than, so music was quite a big part of us kind of coping with everything... And Hedi and Georgina were part of that, I think, that when they were coming round, if they arrived, it was kind of a non-medical break in our day... to focus on something that's, you know, that's creative and not medical and positive." Family 4

> "There was so much going on. It's such... an unfortunate and unique birth that we went through... I just thought being able to further capture what went on just sat right with us... And then obviously we'll keep it. We'll keep the recording of it and we've got a keepsake box of everything that happened with him for [when he's] older and he'll get to hear it himself." Family 3

> "I think it's something fun to look back from. Remembering something positive from that time and to remember like what he went through, because obviously music is so powerful, isn't it?" Family 1

Intergenerational Impact and Family Bonds

The inclusion of wider family members is one of the most powerful differentiation points between Lullaby at Alder Hey and other Lullaby projects, which have focused primarily on Mums and their maternal mental health.

Along with the moving examples of how different Dads have engaged with the Lullaby project described above, data show similarly meaningful ways in which both Georgina and Hedi engage babies' older siblings in music making and creative play. There are many examples of this happening on the ward in real time when children are visiting their new brothers and sisters, which feature throughout musicians' reflective notes. Families were also grateful for the opportunity to include their older children in the creation of lullabies, which act as inclusive mementos of this significant milestone in families' lives.

> "...he features in the lullaby. So we sent a recording of him laughing and saying [baby's name]. And then we also got our dog to, it's not very difficult, we got our dog to bark for the song as well." Family 1

To emphasise the intergenerational qualities of the project, there are further examples of grandparents engaging with and being positively affected by music on the ward. In one example shared by Hedi (October 2025), he begins by describing how he engaged an older sibling in music-making using percussive instruments and goes on to describe how "Dad and Nan got involved", reflecting a truly intergenerational shared moment together. Georgina shares a similar example of one mum chatting about music that her grandparents had introduced her to as a child while her Mum was visiting with her, which became "a lovely moment between the three of us, especially between mother and daughter, reminiscing about their family's musical tastes" (October 2025). This helps and supports grandparents with their own mental health and wellbeing alongside making them feel more involved with the care of their extended families.

> "My mum was here as well. My mum does get emotional with music anyway, but we're both struggling because [of] mental health issues and other things going on... It was one of those because it was one of the pieces that I'd learnt to play when I was younger... my mum knows all the struggles... And then my mum's like, that's so nice that people actually take the time to do stuff like that." Family 2

With respect to *family relationships*, there are other powerful examples of emotional impact and connectivity. One Mum shared a moving reflection on very different experiences of motherhood with her sister; the concern her sister had subsequently felt for her and how the lullaby had helped them to navigate those feelings together.

> "My sister's got three children... [with] fairly non-complex births and stuff. So she was greatly impacted. You know, I'm her little sister. This is our first baby. She's kind of been dreaming of us having children, or me specifically having children for a while, so that I can join her... And then for it to be not the same as her experience and for it to be, you know, so kind of tricky and anxiety provoking and difficult for a while, I think that impacted her greatly... being able to have the lullaby and that kind of thing was helpful. Yeah, because it's a ripple effect, isn't it?" Family 4

Musicians' reflective journal entries also describe moments of visible connection and bonding between parents *as couples*. One example describes the "tender and heartfelt" affection displayed between parents as they recorded their song together (October 2025); another entry from the same month describes how proud and impressed one Mum appeared to be after listening to Dad sing along with Hedi.

Families also gave moving examples of how their time and music-making with Hedi and Georgina had helped them to stay connected with family and friends beyond the ward and hospital site. Parents would share for example photos and video recordings of their sessions together with friends and family members. This was especially valuable for families that had been referred to Alder Hey from other geographical regions, where it was not practical for family members to drive long distances and visit daily. It also gave them

the opportunity to share updates that felt more positive and hopeful when compared to medical information or potentially unsettling images of the baby in intensive care. This helped to ease any anxieties and worries for family members back home.

> "...because it was just such... such gorgeous moments and we managed to video some of it as well. Yeah, and we sent it to some of our friends and family because we were like, look how amazing this is... They couldn't believe it... were replying saying that's just made me cry, how beautiful, like, and it's just... nice to share that as well... we were being positive, weren't we? And we didn't want to just send pictures of, you know, [baby] with all the tubes and everything." Family 1

> "And it had a big, big impact on our families as well. My dad is really into music. And you know, we were away from home. Most of our family are kind of Shropshire or Mid Wales based. And we were up in Liverpool... It's not a short drive. Everybody works. So being able to, you know, send them videos of Hedy or Georgina... or the recording of the lullaby was really nice to kind of connect, connect us back in with them without them having to drive 2 1/2 hours." Family 4

Interpersonal Connectivity and Therapeutic Value

The impact of the personalised care experienced and articulated by participating families via the Lullaby project therefore cannot be underestimated. Families directly attributed this impact in our research interview conversations to the responsive, reflexive, creative and interpersonal practices of both musicians. Their ability to interpret and understand each family's specific circumstances and needs, and respond accordingly in their social and creative interactions, was explicitly acknowledged and valued by families.

> "...it's actually quite difficult for them to have like the right bedside manner. It's not like a doctor or a surgeon coming in the room where you're sort of like hanging on their every word... but they have such a nice way with it, like Hedi, the way that he approached it... very respectful... So you can see that they kind of adapt to each family and each parent... they knew that we kind of wanted to talk to them and we were asking questions... we built a really nice relationship, didn't we, with them... In some cases they would just play and then leave the room and they were so respectful of what the parent needed and the child and everything." Family 1

> "They're skilled not just musically, but, you know, emotionally, their communication is excellent. Yeah, just their emotional intelligence of how they approached us, you know, vibing out... is this a good time? Shall we come back? You know, and there was never any pressure in terms of, oh, it's now or never. You know, they always kind of said we can come back." Family 4

Musicians' reflective journals consistently express in detail the need to respond accordingly in any given moment with different (and sometimes the same) families, emphasising the vulnerable nature and emotional changeability of life on the ward. Entries throughout April 2026 for example fluctuate between "brief interactions with parents from the doorway" due to the intensity of babies' care requirements and hugely productive creative sessions with families where stories are shared and real connections are made.

The need and capacity for musicians to *simply listen to and talk with* families on the ward is omnipresent in their reflective data, with Georgina describing herself as "a listening ear today" (November 2025) and in a later entry, reflecting on a "strange morning" where she had no direct interaction with babies but had effectively engaged in considerable talking therapy with two different Mums (December 2025). In the same week, Hedi notes that one of the same Mums "seemed to really need to talk".

The trust that is subsequently developed between musicians, families and ward staff is further evidenced across evaluation datasets by the moments where musicians play to babies who are on their own, either with no family visiting on given days or when families are taking a break or liaising with medical staff. Families' appreciation of this is expressed beautifully in the quotation from Family 1 below, where they describe it as their baby comfortingly experiencing "love and warmth" in their temporary absence.

> "...one day we just, was it like maybe a few days in? We just walked in, we'd gone for breakfast, I think. And Georgina was just playing the cello. And we just thought, it made us cry actually. It was just beautiful, wasn't it? ...it was just really nice because it was just like, oh, he's got all that love and warmth and, you know, music and everything that comes with it... it was just lovely that he could have that when we weren't there. So it was just, it was very comforting." Family 1

Musicians' reflective journal entries that relate to sitting with and playing to babies on their own continue to make some of the most incredibly moving content in evaluation data. Both musicians for example reflect on keeping the same baby company throughout February and March 2026. Phrases such as "it was hard to leave him" (Georgina, February 2026), it feeling like they were "developing such a lovely connection" (Hedi, March 2026), the session "really melted my heart" (Georgina, March 2026) and other reflections on the baby's responses such as him smiling for the first time (Hedi, March 2026), illustrate the profound emotional impact that this work can have on both Hedi and Georgina. In the same session where baby smiles, a cleaner who had just finished in baby's room commented, somewhat heartbreakingly, that "he just wanted someone to talk to".

Participating families openly recognise, acknowledge and appreciate the *therapeutic value* of their time with musicians on the ward. This includes simply seeing a friendly face and having someone to talk to who isn't there in a clinical capacity. One father specifically commented on the extent to which he had felt recognised and involved in a medical environment that typically focuses on the mother, emphasising the more inclusive, family-oriented qualities of Lullaby at Alder Hey. One family commended the hospital for their holistic approach to care and providing this creative opportunity for them, evidencing the environmental value of the musicians and their contribution.

> "It's definitely therapy, yeah, for everyone, to be honest, as well as [baby]." Family 1

> "You notice it as a dad because you go, wow, gosh, that's really nice you're asking about how I am... it's mum and dad as equal in the family, which is not, shouldn't understate that really, given it's not always like that in a hospital birth and stuff" Family 1

> "...having that connection with Georgina. I think it's like knowing that there's more than just nurses and hospital and the awful side of it." Family 2

> "...family comes from time to time, but I just, just to have that... break of a new person and somebody who's offering a service that's, you know, it's calming and it rebalances you out and it's just a break. It's just one of the many good things that happen at Alder Hey." Family 3

The lasting therapeutic value communicated by participating families is derived from the interpersonal connectivity and emotional resonance experienced between them and both musicians. This is reflected in their ongoing advocacy of the project and its future potential to support more families at Alder Hey. This is referenced several times in musicians' reflective journals, including families' interest in acting as champions for the Lullaby project with hospital trustees and donors and externally via their own professional networks. Interactions with musicians were described as "life-changing" by research interviewees in their capacity to alleviate stress and help families to emotionally process their trauma.

> "But they were just amazing. Honestly, I would say probably life changing, to be honest... it made the experience so much better." Family 1

> "I think it's great. He's very nice, you know, very approachable person... there's no like... forcing it on you... I don't think there's anything that could be changed and I don't think anything should, I think it should continue as well. It's a big help for people... one of the main things about it is that it does alleviate some of the stress, takes your mind off things and a new person to talk to." Family 3

> "...the first time we met Hedi. it just so happened that my husband was having skin to skin with [baby] for the very first time... it was the first time he'd really held her for any great length of time... And then Hedi popped his little head in and said, you know, 'hi guys, would it be okay?'... and he played You are my Sunshine... And that's a song that [husband had] been singing to [baby] in the belly... And he just started playing it, and well, [husband] openly wept, just openly wept." Family 4

4 LEARNING OUTCOMES AND RECOMMENDATIONS

Lullaby at Alder Hey is not comparable to other, community-based Lullaby projects led by Live Music Now in terms of process, practice and delivery. It is not possible for example to follow (or even adapt) a framework or template, as per other projects where musicians have worked with mums on a one-to-one basis, with set key milestones according to lullaby composition, recording and public performance. Lullaby at Alder Hey is a *uniquely situated and context-specific creative experience.* Musicians deserve commendation therefore for the volume of families (52 in total) that have engaged in the project during the research period and the number of original songs composed and recorded together (10 in total). It is important however to not prioritise or emphasise the production of original lullabies as the measurable output of 'success' for Lullaby at Alder Hey. Its true value lies in the shared experience of music-making, in its various responsive forms.

These various responsive forms are heavily reliant on the personal qualities of musicians as much as their creative expertise, reflecting an *interdependence between interpersonal and musical skills* and capabilities. Musicians make a big personal investment in gradually building relationships with families on the ward and in subsequently earning their trust.

The interpersonal investments made by professional musicians emphasise the need for extra vigilance regarding their own *self-care, vicarious trauma and protecting boundaries*. The report focuses on the impact of Lullaby at Alder Hey for participating families. From a process evaluation perspective however, there are indicators of certain risk factors for musicians in terms of their capacity to make ethically responsive decisions in any given moment and in how they manage their own emotional responses both within and beyond the hospital setting.

The routine practice of reflective journal writing is a useful tool for acknowledging and recording musicians' emotional responses and subjective wellbeing, albeit in a self-reporting capacity. The supportive relationships between both musicians and the Arts for Health manager are also useful developmental assets and commendable features of this work. It is important that effective sharing and monitoring of reflective practice be maintained, along with access to other support services for musicians as required (e.g. counselling and other therapeutic professional development needs).

Other practical recommendations shared by participating families include promoting the Lullaby project and musicians' work more widely and systemically within and across the hospital and extended communities of interest. This includes sharing professional profiles or biographies of musicians, which promote their extensive musical experience, expertise and external artistic affiliations. Families and ward staff also commented on wanting to know exactly when musicians would be on the ward, with the acknowledgement that this may be dependent on uncontrollable factors and not always

possible to plan in advance. On a similar theme, families noted that it would be good to avoid musicians being there at the same time as ward rounds (by medical teams).

From a more strategic perspective, there is sufficient evidence and scope to promote Lullaby at Alder Hey as a model of regional integrated creative health, of interest to wider professional stakeholders and potential funders in the Liverpool City Region. This includes the development of content to raise awareness of the project and the value of creativity in neonatal care in nursing education and training. This would further enhance the positive professional reputation of Arts for Health at Alder Hey, building on existing initiatives such as the Minds Matter music and mental health toolkit developed in collaboration with Live Music Now and momentum gained by the recent Liverpool City Region Culture and Creativity award in the Health and Wellbeing category.

5 FINDING POETRY IN EVALUATION DATA

The research team is grateful to evaluation commissioners for their openness and interest in qualitative research methods that capture the narrative impact of Lullaby at Alder Hey for participating families. When using this approach in evaluation research, it feels especially important to keep the voices – and words – of participating families and communities front and centre of evaluation findings. Driven by this philosophy, the research team has been exploring the use of different creative methods, including found poetry, in the reporting and dissemination stages of their evaluation of different creative health projects.

Found poetry is created by taking selected words and phrases from existing (often non-literary) written sources and rearranging them to compose an original poem. The following example – *Music and everything that comes with it* - was composed using excerpts from verbatim quotations (research interview data collected with participating families) referenced in section 3 of the report.

Music and everything that comes with it

You do feel like it is just for you
To feel the feelings and connect with the moment
When either of them start playing
We just stopped and listened.

Having that be part of the culture of the ward
To add a bit of humanity to everything
It's calming and it rebalances you

That's really nice you're asking about how I am
One of the moments I'll remember the most.
And then all of a sudden, he's playing that song...

We sent it to some of our friends and family
To connect us back in with them
It's a ripple effect;
It made the experience so much better.

And then I read some words over the music, like a poem
And he just started playing it, and well
We just openly wept.

6 POSTSCRIPT: REVISITING RESEARCHER FIELDNOTES

Dr Clare Maxwell

I visited the Neonatal Unit 5 times over a period of 4 months to collect observational data which was documented in the form of detailed field notes. This narrative refers to my observations which primarily focused on the interactions between Hedi and Georgina and the resident babies and families, expanding to their relationships with the staff on the NICU.

My first impression of Georgina playing her cello in the play area of the NICU was how powerful her music was. It permeated the atmosphere and the clinical environment changed instantly due to the sound of the music. Parents stepped out of rooms, staff momentarily stopped the ward round and children from the adjoining ward came over to investigate, all showing pleasure and sometimes surprise at seeing Georgina playing. This happened continuously during my subsequent visits. In addition, I noticed that not only was Georgina and Hedi's music a catalyst for curiosity and enjoyment, but it also often acted as a 'soother', counteracting the bright lights, monitor alarms and medicalised environment of the NICU.

I observed many instances of the therapeutic effect Georgina and Hedi's music had on the resident babies, calming them when they were agitated and providing 'entertainment' which they would turn to, listening attentively. The babies would pump their fists, curl their feet, smile, blow bubbles or drift into a gentle sleep against the backdrop of what felt like harsh surrounding noise. In one instance, a baby who due to family circumstances spent time periods alone and who was visited regularly by Hedi, instantly calmed down on hearing his guitar playing, turning his head to Hedi and smiling. Their relationship was evident to see. Parents often watched their baby's response to the music intently, noting their baby's reactions. This was a positive experience for the parents, who in these moments seemed able to experience their baby as any other parent of a healthy baby.

During my visits I observed how Georgina and Hedi built relationships with the parents, wider families and their babies. This was always undertaken on the families' terms. Through a process of gentle encouragement, I watched families who were enduring the most stressful of times eager to engage. Georgina and Hedi were able to play an astonishing repertoire of music, encompassing all genres. They sensitively explored parents', siblings' and grandparents' musical tastes and preferences and responded to them each and every time. This transcended music from parents' own childhoods, that represented their cultural background or had a particular resonance with them in their lives.

An unanticipated observation from my visits was the positive impact Georgina and Hedi's music had on the staff and students working on the NICU. As discussed earlier in this reflection, staff on the ward round would momentarily stop to listen and would smile,

sometimes commenting on how they loved that piece of music. I undertook snapshot interviews with staff who described the positive impact that the music had on them, diffusing the high intensity of their working environment. This impact also extended to students who described feeling lucky to be on shift when the musicians were around. During my visits I witnessed the musicians and staff/students co-existing harmoniously, mutually respecting each other's roles and spaces, with Georgina and Hedi being treated as a natural extension of the wider team working on the NICU.

The key themes that have emerged from this evaluation perfectly capture the impact of the Lullaby project at Alder Hey. I observed the therapeutic value of Georgina and Hedi's' music. This was not as a result of their music alone but was also due to their refined communication skills and the gentle relationship building with parents and babies. I witnessed how much music was at the centre of so many people's lives and how it was loved and enjoyed, being a true common denominator, bringing together parents and families under such challenging times. I also noted the impact of just a few strums of the cello or guitar strings instantly changed the NICU environment and with this the experiences of those within it. Being part of this project has been a real privilege…

APPENDIX 1 - Summary of short feedback forms

As a regular, supplementary data collection activity, short feedback forms are left on the ward (in paper form) for voluntary completion by families. Four were completed in the evaluation research period and shared for inclusion in the report. These are summarised below.

Families are asked to respond to the following questions:

1. How did the music session make you feel today?
2. How do you feel the music session affected your child today?
3. Is there anything else about the session you'd like to share?

How did the music session make you feel today?

Families express a range of positive emotions in immediate response to their music sessions, describing them as an opportunity to create "positive memories", to feel "relaxed at difficult times", and to feel centred and present with their babies.

It was a nice way to end our stay in hospital. We had a music session on our first day on the ward. It provided a moment of peace amongst the chaos for us and allowed us to create positive memories with our son.
We've had a few sessions with Hedi & Georgina - they've all made us feel more comfortable and relaxed at difficult times in our baby's care. It's been an important part of our time here to be able to enjoy the live music they're brought to us.
More relaxed. We enjoyed seeing baby captivated by music. Gave us something to focus on.
It was very moving and emotional for us. After such a long and difficult NICU journey, it provided a rare opportunity to simply be present with [our baby] and share in a positive/sensory sound experience. It has been so positively overwhelming it brought me to tears. Calming, [unreadable] and meaningful. A memory and song I will carry forever.

How do you feel the music session affected your child today?

Families observed the music having a calming effect on their babies and appreciated the opportunity to feel more connected to them.

[our baby] seemed to be relaxed throughout the session.
Our baby is very young so unable to give much feedback, but he did seem to settle when music was played. I think the vibration of the cello would have been a lovely additional sensory stimulation for him.

Having music helped calm her.
[Our baby] appeared calmer and more settled. It provided a space and atmosphere to connect with him.

Is there anything else about the session you'd like to share?

Other comments reflect parents' appreciation of the memorable moments created with Hedi and Georgina. They are especially grateful for the therapeutic support provided, which extends into advocating for the musicians' ongoing work on the ward in support of other families.

Just to say thank you to the musicians for helping us create memories :)
We are very appreciative and grateful for the moments Hedi & Georgina have given us all during a difficult time. Thank you.
These music sessions over the last few weeks have helped us at an extremely stressful time. Even without the music, it was good to have someone to chat to. This is a worthwhile cause for children & parents. Thank you.
The staff on the guitar and cello were kind and sensitive, we felt safe to share our emotion. We are extremely grateful [for] this and will be reminded of this experience as we continue our donations to the Alder Hey children's charity to help others continue to have the same experience we have.

APPENDIX 2 - Abductive Thematic Analysis Framework

Inductive analysis: emerging themes and concepts	Prior theoretical framework(s)	Deductive analysis: Merged analytical themes
Relationship building • Empathic interpersonal connections • Trust building • Shared intimacy **Musical catalysts** • Creative connections (e.g. through musical tastes and experiences; cultural heritage; for staff and families) • Emotional attachment (e.g. to specific songs and genres) • Familial connections and bonds **Environmental shifts** • Inclusive participation and engagement (e.g. with older siblings; grandparents; ward staff) • Creating a positive atmosphere (e.g. lifting mood on ward) • Playfulness and joy **Articulating impact** • Multiple sensory impacts • Soothing and calming qualities • Positive engagement and family wellbeing • Babies' responsiveness and development • Mental health awareness and communication	Analytical frameworks used in earlier Lullaby evaluation research with Live Music Now include: PERMA subjective wellbeing measure: • **Positive emotions** • **Engagement** • **Relationships** • **Meaning** • Accomplishment General self-efficacy Parental Sense of Competence	**Creating a Holistic Care Environment** • Environmental shifts • Engagement (PERMA subjective wellbeing indicator) • Professional practices **Music as an Affective Common Denominator** • Musical catalysts • Positive emotions (PERMA subjective wellbeing indicator) **Intergenerational Impact and Family Bonds** • Relationship building/Relationships (PERMA subjective wellbeing indicator) • Articulating impact **Interpersonal Connectivity and Therapeutic Value** • Relationship building • Articulating impact • Meaning (PERMA subjective wellbeing indicator) • Mindful contexts

Mindful contexts • Anticipatory grief • Vicarious trauma **Professional practices** • Responsive and reflexive practice • Collaborative cross-discipline therapeutic practices • Creative compatibility and interprofessional practice		