

# The Singing for Health Research Project

2023 – 2025



Arts and  
Humanities  
Research Council



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## Summary.

The Singing for Health Research Project (2023–2025) was a collaborative initiative led by the Singing for Health Network, the International Centre for Community Music (York St John University), and the Royal College of Music. Funded by the Arts and Humanities Research Council (AHRC), the project sought to explore the current state of research and practice in singing for health, while fostering dialogue between academics, practitioners, and healthcare professionals.

Structured around four thematic webinars—Mental Health and Wellbeing, Voice and Communication, Cognitive Benefits, and Breath—the project brought together international researchers and community voices to examine the diverse impacts of singing on health. These academic sessions were followed by practitioner-focused webinars, deepening the exploration and broadening the range of voices involved.

Key themes that emerged included the role of singing in addressing postnatal depression, aphasia, Parkinson's, dementia, and respiratory conditions, as well as broader insights into cognitive function, social connection, and wellbeing. The project foregrounded questions of inclusion, cultural relevance, and methodological diversity, advocating for a more integrated, creative, and equitable approach to future research.

Despite challenges in attendance and cross-sector engagement, the project has laid a strong foundation for future collaboration and knowledge exchange. Resources generated, including recordings and reflections, will remain publicly available, supporting the Singing for Health Network's mission to bridge research and practice and to further embed singing in the wider creative health movement.

## Introduction.

The Singing for Health Research Project was conceived as a space to connect, reflect, and evolve our understanding of singing as a health-enhancing practice. At its core, this project is about exploring the complex, often entangled relationship between singing and wellbeing—physically, mentally, emotionally, and socially. By bringing together researchers, practitioners, and health professionals, we aimed to open up conversations, challenge assumptions, and build a more holistic and inclusive picture of what singing for health means in theory and practice.

Through a series of themed webinars and follow-up practitioner sessions, this project created opportunities to share knowledge, pose questions, and begin shaping a more collaborative and equitable future for the field. The following report captures the scope, themes, and insights generated during this two-year journey, highlighting both the learning that has emerged, and the directions we might take next.



The Singing for Health Network is a UK-based membership organisation dedicated to bridging the gap between research and practice in the field of singing for health and well-being.

Established in 2020 by practitioner and researcher Emily Foulkes, the Network fosters collaboration among singing practitioners, healthcare professionals, and researchers. It provides a platform for sharing resources, research, and best practices, aiming to support and promote the use of singing as a tool for health improvement across diverse communities.

Through events, training, and an online resource library, the Network facilitates knowledge exchange and professional development, contributing to the growing recognition of singing's role in enhancing physical and mental health.

Find out more here: [Singing for Health Network | Supporting the Singing for Health Movement](#)



The International Centre for Community Music, based at York St John University (UK), is a global hub for research, practice, and advocacy in community music. It promotes inclusive, participatory, and socially engaged music-making, supporting practitioners and researchers through collaboration, events, and publications.

With a strong focus on access, cultural diversity, and the empowerment of marginalised voices, ICCM explores community music as a tool for well-being, social change, and human rights.

Find out more here: [International centre for community music | York St John University](#)



Founded in 1882 by the then Prince of Wales (later King Edward VII), the Royal College of Music (RCM) is a world-leading conservatoire situated in South Kensington, London. It offers specialised musical education and professional training at the highest international level for performers, composers, and conductors, fostering innovation and research within an inclusive environment.

Find out more here: [Home | Royal College of Music](#)

## Aims and Objectives.

The relationship between singing and health is complex, and can be understood in many different ways, as evidenced by both

- a) the results of the many scientific studies undertaken to understand it as a phenomenon
- b) the rich narratives which participants and practitioners share about their experiences.

Recognising the relationship between singing and health as an ontological complexity has significant implications. For example, when conceived of as a 'mixture' of complex psychological, physiological, social, interpersonal and behavioural mechanisms, research may seek to understand the complex causal relationships between those mechanisms. However, when those same mechanisms are framed in a more rhizomatic way, as an 'entangled state', the phenomenon of singing for health becomes irreducible to its component parts, but rather is only fully comprehensible in its entirety, as a whole ecological system.

A holistic understanding of singing and health is therefore about recognising the value of both approaches – not only a more detailed account of the many complex dimensions of the experience which can be measured, but also those aspects which resist measurement because of their entangled complexity - in order to evolve a richer way of understanding the way all of those dimensions interact (or intra-act) to produce positive outcomes for participants. The purpose of this research network is therefore to advance ways of knowing - and thinking - about the relationship between singing and health which accounts for such ontological complexity, drawing together the various perspectives of academic researchers, practitioners and participants into a more holistic understanding, where each can learn from the other, and ultimately where such knowledge can be put to service more effectively in the development of singing as resource for health.

The activities in the AHRC funded project will support the wider aims of the Singing for Health Network to bridge research and practice and to support this growing sector within the creative health movement. We seek to explore what we know, how we know it and what we need to know in order to advance our understanding and to ultimately increase the delivery and commissioning of high-quality singing for health

provision. Over the course of this project, the Singing for Health Network will facilitate a number of online webinars. These events will offer a platform to discuss and explore some of the most recent research and developments in singing for health.

‘An Agenda for Best Practice Research on Group Singing, Health, and Well-Being,’ led by Genevieve Dingle, published in 2019, is an important guide for this work and will serve as a foundation for any future positioning papers. The AHRC-funded programme will culminate in a face-to-face event at the Royal College of Music in London in Spring 2025, where the aspiration is to set some intentions for future research within singing for health, having reflected on the challenges, limitations and opportunities which are present.

The project is addressing the following questions:

1. What is the current state of knowledge on the relationships between singing and health and wellbeing?
2. What theoretical perspectives help to understand how singing impacts health?
3. What are the priorities for future research in the field?
4. What guidance does research evidence provide to musicians and health professionals in the effective and cost-effective delivery of singing for health opportunities in communities and the NHS?

Questions that will be reflected on throughout the project are:

- What does quality look like?
- How do we know this works?
- How do practice and research inform and connect one another?
- Where do we go next?


## Methodology and Project Design

This project was a collaborative enterprise between the International Centre for Community Music, based at York St John's University, Royal College of Music, and the Singing for Health Network.


The project Steering Group met for monthly meetings during the first year to determine the content and approach of the webinars. The members of this steering group came from all three aforementioned organisations:

### Project Steering Group


Click on images for links to work and research




**Florence Brady**  
Royal College of Music




**Dr Dave Camlin**  
Royal College of Music




**Professor Stephen Cliff**



**Emily Foulkes**  
Singing for Health Network, Music for



**Professor Lee Higgins**  
York St John University



**Abigail Mann-Daraz**  
York St John University and Singing for

## Activities and Engagement

### i) Activities and People

Four academic and research-focused webinars took place over five months, from November 2024 – April 2025.

These were designed around four key topics:

- Mental Health and Wellbeing
- Voice and Communication
- Cognitive Benefits
- Breath

Our Chairs were Professor Stephen Clift (ICCM) and Dr Dave Camlin (RCM)

Our contributors were as follows:

#### Mental Health and Wellbeing:

Dr Rebecca Bind (Kings College London),  
Lorna Greenwood (Breathe Arts Health Research),  
Calum Smith (World Health Organisation)  
Dr Katey Warren (University College London)

#### Voice and Communication:

Dr Arla Good and Prof. Frank Russo (Toronto Metropolitan University), and Anni Pitkanlehti and Dr Teppo Sarkamo (University of Helsinki).

#### Cognitive Benefits:

Dr Becky Downson and Dr Linda O'Raw Oraw (University of Nottingham) and Prof. Christian Gold (University of Bergen)

#### Breath

Dr Adam Lewis (University of Southampton) and Dr Keir Philip (Imperial College London)

ii) Attendance and Engagement:

Attendance across the four webinars is listed below. The total numbers of individuals that purchased 'package' tickets, that may or may not be included in the booking numbers was 40.

Date	Session	Booking Numbers
07.11.24	Mental Health and Wellbeing	100
16.01.25	Voice and Communication	52
27.02.25	Cognitive Benefits	70
27.03.25	Breath	54

NB: These figures include the contributors and steering group members.

In addition to these core webinars, two 'follow-up' webinars were hosted by the Singing for Health Network for each topic. This allowed practitioner-researchers to showcase their work in the communities and continue the conversations from the academic webinars. There was also space for practitioner voices to be heard. We thank Baz Chapman and Claire Turner for their support in running these sessions.

Attendance.

Date	Session	Booking Numbers
14.11.24	Mental Health and Wellbeing 1	10 (50)
21.11.24	Mental Health and Wellbeing 2	6 (46)
23.01.25	Voice and Communication 1	7 (47)
30.01.25.	Voice and Communication 2	1 (41)
06.03.25	Cognitive Benefits 1	4 (44)
13.03.25	Cognitive Benefits 2	4 (44)
03.04.25	Breath 1	4 (44)

10.04.25	Breath 2	4 (44)
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NB: These figures include the contributors and steering group members. The numbers in brackets include those participants who purchased 'package tickets'.

They were not all in live attendance.

The demographics were as follows. Please note that 40 people purchased a ticket that included attendance at all 12 webinars. In the main, these watched the recordings back and were not in live attendance.

Mental Health and Wellbeing	
Location	Total
Australia	7
Canada	2
Denmark	2
England	5
Finland	1
France	1
Germany	1
Ireland	2
New Zealand	2
Northern Ireland	1
Norway	1
Österreich	1
Scotland	1
Switzerland	1
UAE	3
UK	64
United Arab Emirates	2
United States	3
Grand Total	100

Voice Communications	
Location	Total
Austria	2
Canada	2
England	4
Greece	1
India	1
Ireland	1
Portugal	1

USA	3
UK	37
Grand Total	52

Cognitive Benefits	
Location	Total
Australia	3
Austria	4
England	1
India	6
Ireland	2
italy	2
N Ireland	1
New Zealand	1
Norway	1
Singapore	1
South Africa	1
UK	45
USA	2
Grand Total	70

Breath Academic Research	
Location	Total
Austria	1
Denmark	1
England	3
France	1
Greece	1
India	1
Ireland	1
Scotland	1
Spain	1
UK	42
USA	1
Grand Total	54

## Connection to Singing for Health:

Researcher	
Webinar	Total
Breath Academic Research	22/54
Cognitive Benefits	27/70
Mental Health and Wellbeing	47/100
Voice Communications	20/52
Grand Total	116

Health professional	
Webinar	Total
Breath Academic Research	15/54
Cognitive Benefits	21/70
Mental Health and Wellbeing	22/100
Voice Communications	24/52
Grand Total	82

The remainder of the attendees for each webinar were made up of Singing for Health Practitioners / Musicians.

Please note that a proportion of Singing Practitioners are also identified as Researchers / Health Professionals.

## Key Findings and Themes

*(N.B. **Some** of these findings were collated using AI and checked, but apologies for any inaccuracies.)*

## Mental Health and Wellbeing

### Webinar 1: Academic and Research Focus.

The meeting, led by Professor Stephen Clift, focused on the intersection of singing and mental health, particularly in the context of new mothers facing postnatal depression. The session featured a series of presentations from distinguished speakers who shared insights from various research initiatives, including the **SHAPER programme and the Melodies for Moms** programme. These discussions highlighted the significant prevalence of postnatal depression in the UK, where studies suggest that up to 24% of mothers may be affected, and emphasised the potential of community-based singing interventions to improve mental health outcomes.

Rebecca Bind elaborated on the Melodies for Moms programme, which aims to provide support for mothers experiencing postnatal depression through singing. She noted the barriers that traditional treatment options often encounter, underscoring the programme's promising results in enhancing mental health.

Lorna Greenwood acknowledged the contributions of Dr Emeline Han and Dr Alexander Burton in evaluating the Breathe Melodies for Mums programme, which assessed its acceptability and feasibility through both quantitative and qualitative data from participants.

Katie Warran and Calum Smith presented their collaborative work related to the SHAPER Project, focusing on the implementation of singing interventions in Denmark, Romania, and Italy. Their findings indicated a positive impact on postpartum depression and social support, emphasising the importance of cultural context in adapting these interventions. Calum also discussed the project's outputs,

including research reports and a forthcoming thinking tool designed to inform arts and health implementation.

Rosie Perkins highlighted the necessity of culturally sensitive approaches in music-based interventions for parental well-being. The meeting concluded with discussions on the sustainability of arts and health projects, with participants emphasising the need for healthcare system buy-in and evidence-based recognition to secure funding.

Concerns about diversity and inclusion in participant outreach were raised, prompting clarifications from Rebecca Bind and Katey Warran about their study's approach. The conversation also touched on the challenges of managing tight schedules and deadlines, with participants expressing mutual support for their ongoing projects and tasks.

### **Key Questions:**

- What are the next steps for scaling up successful singing interventions to reach more mothers experiencing postnatal depression?
- How does the Breathe Melodies for Mums programme adapt to the needs of new mothers in different cultural contexts?
- What strategies can be employed to enhance collaboration with local communities in health-related projects?
- How can we ensure that arts and health interventions are culturally sensitive and appropriate for diverse populations?

## Voice and Communication.

### Webinar 2: Academic and Research Focused.

The webinar presented groundbreaking research on singing's therapeutic applications for communication disorders through two comprehensive presentations, showcasing the rapidly evolving understanding of music's role in health interventions. Dr. Anni Pitkäniemi shared her doctoral research on aphasia patients, challenging long-held assumptions about brain function in singing. Her studies revealed that singing ability primarily relies on left hemisphere language networks rather than right hemisphere compensation, particularly through the ventral stream pathways. This finding contradicts centuries of assumptions about right hemisphere involvement in preserved singing ability following stroke. Her research demonstrated that group singing interventions improved communication abilities, increased social participation, and significantly reduced caregiver burden in aphasia patients. The studies included both behavioural outcomes and neuroimaging evidence, showing structural changes in the brain following singing interventions.

Dr. Frank Russo and Dr. Arla Good then presented their ambitious Sing Well project, a seven-year research initiative involving 50 leading researchers worldwide studying singing's effects across multiple communication challenges. Their research spans six main populations: aphasia, Parkinson's disease, hearing loss, stuttering, breathing disorders, and newcomers learning a new language. Their studies showed remarkable improvements in Parkinson's disease patients, including enhanced vocal quality, increased pitch range, better phonation duration, and reduced vocal tremor. The research revealed that patients with more severe Parkinson's symptoms showed the greatest improvements, suggesting an optimal window for intervention. For hearing-impaired participants, their studies demonstrated improved speech perception in noisy environments and enhanced auditory processing, supported by both behavioural and neurophysiological evidence. Their research showed that ten weeks of group singing training led to significant improvements in speech-in-noise perception and frequency-following response, indicating enhanced auditory processing fidelity. The project's findings revealed consistent benefits across all participant groups: improved mood, reduced stress hormones (cortisol), increased

social bonding hormones (oxytocin), and enhanced social connectivity. Importantly, these benefits were specific to group singing, as individual singing sessions did not produce the same social and hormonal effects.

They introduced their "bread and butter theory," suggesting that singing (the butter) facilitates deeper social connections (the bread) that occur during informal social interactions around choir sessions. This theory emphasises the importance of providing time for social interaction before and after singing sessions, as these moments often lead to meaningful relationships and support networks. The research emphasised the importance of both structured singing activities and unstructured social time for maximum benefit.

The Sing Well project is expanding through international multi-site studies, developing standardised protocols and best practices for different populations. They are collaborating with research centres in multiple countries, including the UK, Australia, Germany, and Canada, to conduct large-scale controlled studies with consistent protocols. This international collaboration aims to establish more robust evidence for singing's therapeutic effects and develop standardised approaches for different populations.

The presentations highlighted singing's multifaceted impact: specific improvements in communication functions, enhanced psychological wellbeing, increased social participation, and potential neuroplastic changes in the brain. The research demonstrated that singing interventions could be particularly valuable for healthcare systems with limited resources, as group singing provides cost-effective support for multiple participants simultaneously. The webinar concluded with discussions about developing accreditation programmes for singing group leaders, the importance of making singing more accessible as a health intervention, and the potential role of regular singing in preventing age-related communication decline.

The session included practical implications for practitioners, emphasising the importance of creating inclusive environments where people feel comfortable singing regardless of their perceived musical ability. The researchers stressed that singing's benefits extend beyond specific communication improvements to broader aspects of health and wellbeing, including reduced social isolation and improved quality of life.

The webinar underscored the growing scientific evidence supporting singing as a powerful tool for health and wellbeing across various populations with communication challenges, while also highlighting the need for continued research to further understand and optimise these interventions.

### **Key Questions:**

1. What role do ventral stream pathways play in supporting singing and communication in people with aphasia?
2. What are the neuroplastic effects of group singing interventions across different communication disorders?
3. At what stage of a communication disorder (e.g., Parkinson's disease) is singing intervention most effective?
4. How can singing be used to reduce caregiver burden in communication disorders such as aphasia?
5. Why does group singing produce more significant social and hormonal benefits than individual singing?
7. What are the core elements that should be included in a standardised singing intervention protocol across different populations?
8. How can practitioners design sessions that balance structured singing activities with informal social time for maximum benefit?
9. How can we create inclusive singing environments for individuals with communication challenges, regardless of musical background?
12. How can accreditation or training programmes for singing group leaders be developed and standardised across settings?
13. What barriers prevent the wider adoption of singing as a health intervention, and how can they be addressed?
15. What long-term effects does regular singing have on age-related communication decline and cognitive function?

## Cognitive Benefits

### Webinar 3: Academic and Research Focused.

The webinar delivered extensive insights into singing interventions for people with dementia through three detailed research presentations, each offering unique perspectives on the benefits and challenges of implementing singing programmes.

Linda O'Raw and Becky Dowson presented their **PRESIDE** study conducted in the UK, which investigated the effects of singing groups on dementia patients and their Carers. Despite facing significant recruitment challenges, achieving only 42% of their target due partly to post-COVID hesitancy and logistical barriers, they maintained retention rates of 72.2%. The study found notable improvements in participants' wellbeing, quality of life, and social engagement. Linda, who began as a sceptic from a neuroscience background, shared powerful personal observations, including a story about a participant who typically displayed aggressive behaviour but showed remarkable improvement during singing sessions, choosing love songs for his wife. Becky emphasised the crucial role of qualitative data in understanding individual experiences and highlighted the challenges of measuring the full impact of singing interventions, noting that standardised measurements might miss important personal transformations.

Christian Gold presented the ambitious **MIDDEL** study, a large-scale multinational trial comparing group music therapy and recreational choir singing across six countries (Norway, Australia, Germany, Netherlands, Turkey, and the UK), involving over 1,000 participants. The Australian component showed significant benefits of choir singing in reducing depression symptoms, with sustained improvements over time and no serious adverse events. However, results varied considerably between countries, raising interesting questions about cultural differences and implementation contexts. The study incorporated biomarker measurements, including cortisol and alpha-amylase levels, to understand physiological responses to singing. The research revealed complex patterns across different cultural contexts and care settings, with varying levels of effectiveness in different countries. The study also

examined the impact of session frequency, finding that twice-weekly sessions were more effective than weekly ones, but combining multiple interventions didn't necessarily lead to better outcomes.

The presentations sparked extensive discussions about research methodologies, the challenges of measuring outcomes, and the various mechanisms through which singing might benefit people with dementia. Participants explored topics such as the role of biomarkers, with detailed discussions about cortisol measurement techniques and the potential use of the dexamethasone suppression test. The importance of cultural context was highlighted, particularly regarding song choices and musical traditions across different countries. The webinar addressed the balance between quantitative and qualitative research approaches, with many participants noting the value of both perspectives in understanding the full impact of singing interventions. Practical considerations were also discussed, including optimal session frequency, group size, and the sustainability of singing programmes after research projects conclude.

The presenters shared experiences about how some groups continued successfully after the formal studies ended, with some participants becoming volunteers and others joining existing community groups. The webinar highlighted both the potential of singing interventions for people with dementia and the complexities involved in researching and implementing such programmes effectively. It demonstrated the importance of combining different research approaches and considering various cultural and practical factors when developing singing interventions for people with dementia and their Carers.

### **Key Questions:**

1. What are the best ways to capture both qualitative and quantitative outcomes without one overshadowing the other?
2. How can standardised measures be adapted or complemented to better reflect individual transformations in dementia care?
3. What role can biomarkers (e.g., cortisol, alpha-amylase) reliably play in evaluating the impact of singing interventions?

4. Should future research adopt mixed-methods designs as standard for studying dementia-related interventions?
6. How do cultural differences influence the effectiveness of singing interventions in dementia care across countries?
7. What strategies can ensure musical content is culturally appropriate and emotionally resonant in diverse care settings?
8. In what ways does local implementation context (e.g., care home environment, facilitator training) impact outcomes?
9. What is the optimal frequency and duration for singing sessions to achieve lasting benefits?
10. How can we ensure the sustainability of singing programmes once formal research or funding concludes?

## Breath

### Webinar 4: Academic and Research Focused.

The webinar, part of a 12-part series on singing for health research and practice, featured respiratory experts Dr. Keir Philip and Dr. Adam Lewis presenting comprehensive research on singing interventions for respiratory conditions. They began by highlighting the stark contrast between traditional healthcare approaches, which often occur in clinical, sometimes intimidating environments, and singing groups that offer a more joyful, community-based setting, treating people as individuals rather than patients. **The World Health Organisation's** holistic definition of health, encompassing physical, mental, and social well-being, which aligns well with singing interventions, was highlighted. The research evidence demonstrated multiple benefits through various clinical trials. **The SHIELD trial** with 120 participants and the **ENO Breathe program** with 150 participants showed significant improvements in both face-to-face and online settings. The physiological demands of singing were measured using sophisticated equipment, revealing that singing sessions increased oxygen consumption, carbon dioxide production, and heart rate comparable to walking at 4-6 kilometres per hour. This provided concrete evidence of singing's physical benefits for respiratory health. The researchers also discovered that these increased ventilatory parameters had implications for COVID-19 transmission in group singing settings, leading to additional research on aerosol production. Studies across different countries contributed to the evidence base. Chinese research demonstrated improvements in depression scores over six months, while Brazilian studies showed enhanced oxygen saturation and inspiratory capacity.

The ENO Breathe programme, specifically designed for **Long COVID patients**, showed significant improvements in mental health outcomes and breathlessness management. The research methodology was robust, combining quantitative measures like health-related quality of life scores, breathlessness scales, and physical activity monitoring with qualitative participant experiences. Cultural adaptations were explored through innovative programmes in **Uganda and**

**Kyrgyzstan**, highlighting the importance of contextual relevance and local musical traditions.

These international initiatives demonstrated how singing interventions could be adapted while maintaining their therapeutic benefits. In Uganda, researchers worked with local singing leaders to create culturally appropriate versions of singing for lung health, incorporating traditional songs and considering religious contexts. Similar adaptations were being developed in Kyrgyzstan, emphasising the importance of cultural sensitivity in intervention design.

The feasibility study (WAM study) explored singing as a maintenance activity following pulmonary rehabilitation, addressing the crucial issue of maintaining benefits after traditional medical interventions. The study achieved its recruitment targets and demonstrated good retention rates, with 62.5% of participants completing the intervention. This study also highlighted the importance of integrating education about singing for lung health within pulmonary rehabilitation programmes. The presenters discussed several challenges in integrating singing interventions into healthcare systems. These included the need for standardised evidence and guidelines to secure funding and implementation through national health services. They emphasised that for inclusion in clinical guidelines, interventions need multiple large-scale studies with consistent protocols and outcome measures. The challenge lies in balancing standardisation requirements with maintaining the creative and social aspects that make singing interventions unique. Current services are often geographically limited and inconsistently available, as demonstrated by the map of UK singing for lung health groups.

The presenters discussed various delivery models, including face-to-face, online, and hybrid approaches, each with their advantages and challenges. Online delivery, while potentially increasing accessibility, may not capture all the benefits of in-person group singing. Looking to the future, the researchers identified several areas needing further investigation, including comparing different types of singing interventions, understanding mechanisms of action, and exploring benefits for various respiratory conditions beyond COPD. They also emphasised the importance of considering both the positive and potential negative impacts of group singing interventions for people with respiratory conditions. The webinar concluded with a discussion of funding

challenges and the shift towards symptom-focused rather than disease-specific approaches. This could potentially lead to more inclusive interventions that address breathlessness regardless of the underlying condition, though this approach also has its challenges and considerations.

### **Key Questions:**

1. What makes singing interventions different from traditional healthcare approaches?
2. How do singing interventions align with the World Health Organisation's holistic definition of health?
4. Does singing present a risk for COVID-19 transmission due to increased ventilatory parameters?
8. What are the barriers to integrating singing into healthcare systems?
10. What future research is needed to advance the field? Keir and Adam identify:
  - comparing interventions,
  - understanding mechanisms
  - exploring conditions beyond COPD.
11. What are the potential downsides or unintended consequences of group singing interventions?
12. Should future interventions focus on symptoms like breathlessness rather than disease categories?

## Final Event

The final event was attended by 48 people from across the sector, and included a dissemination of findings and a reflection on the following key questions, which arose from reflection on the Key Themes:

- What knowledges, skills and values are needed to lead singing in health?
- Can the health and well-being benefits of group singing be measured?
- What could practitioners contribute to the understanding of singing for health?
- How can we bring about systemic change in singing for health?

## Challenges and Learnings

The challenges and learnings from this project will be reflected on throughout the coming months and years.

While there will always be logistical challenges that come about from organising webinars and colleagues from international organisations, the objective of gaining an understanding of the current singing for health sector has been met.

There are challenges in advancing our understanding of singing for health that expand across research and practice. These are acknowledged within the webinar recordings.

The project looked to address the following questions

1. What is the current state of knowledge on the relationships between singing and health and wellbeing?
2. What theoretical perspectives help to understand how singing impacts health?
3. What are the priorities for future research in the field?
4. What guidance does research evidence provide to musicians and health professionals in the effective and cost-effective delivery of singing for health opportunities in communities and the NHS?

All of these questions were addressed across the two years, and the result is the wealth of rich conversations between academics, musicians, practitioners and health clinicians that have been captured through the resources mentioned earlier in this report.

Important ontological questions need to be addressed in understanding the phenomenon of singing. Discussions on this will be ongoing.

## Legacy and Future Directions

The legacy of this project will be long-lasting, and it is hoped will develop into further funded projects and initiatives. The legacy, it is hoped, will be shaped by the following:

- The Response paper to Dingle et al.'s 2019 'Agenda for Best Practice'.
- The webinars will be forever available online, at the project's website and on YouTube's Singing for Health channel. Reference to the project will also be available on the International Centre for Community Music's website.
- The conversations were audio recorded at the final event in the Royal College of Music on the 24<sup>th</sup> April and will be kept securely for 6-12 months. The content will provide useful information for further directions.
- Delegates to the final event were emailed presentation slides from the 24<sup>th</sup> April, a copy of this report, links to videos and resources, and were invited to join the Singing for Health Network.

## Conclusion(s)

This project set out to deepen our collective understanding of the relationship between singing and health, not simply by gathering data, but by creating a space for dialogue, reflection, and collaboration across sectors. Through a rich programme of academic webinars and practitioner-led follow-ups, the Singing for Health Research Project has generated a valuable set of resources and insights that highlight the complexity and promise—of singing as a health intervention.

The conversations facilitated through this project demonstrate that singing for health is not a singular intervention, but an evolving ecosystem of practices, knowledges, and communities. Our findings reinforce the value of both scientific research and lived experience, recognising the significance of ontological complexity and the interweaving of cognitive, emotional, physiological, and social dimensions of singing. While challenges remain, particularly around integration, funding, and the bridging of research and practice, this project has made substantial strides in creating shared language and purpose. We hope that the legacy of this work will not only inform future research but also inspire sustainable practice, collaboration, and policy development. By keeping the voices of participants, practitioners, and researchers equally at the forefront, we move closer to a future in which singing for health is embedded meaningfully in both community and clinical contexts