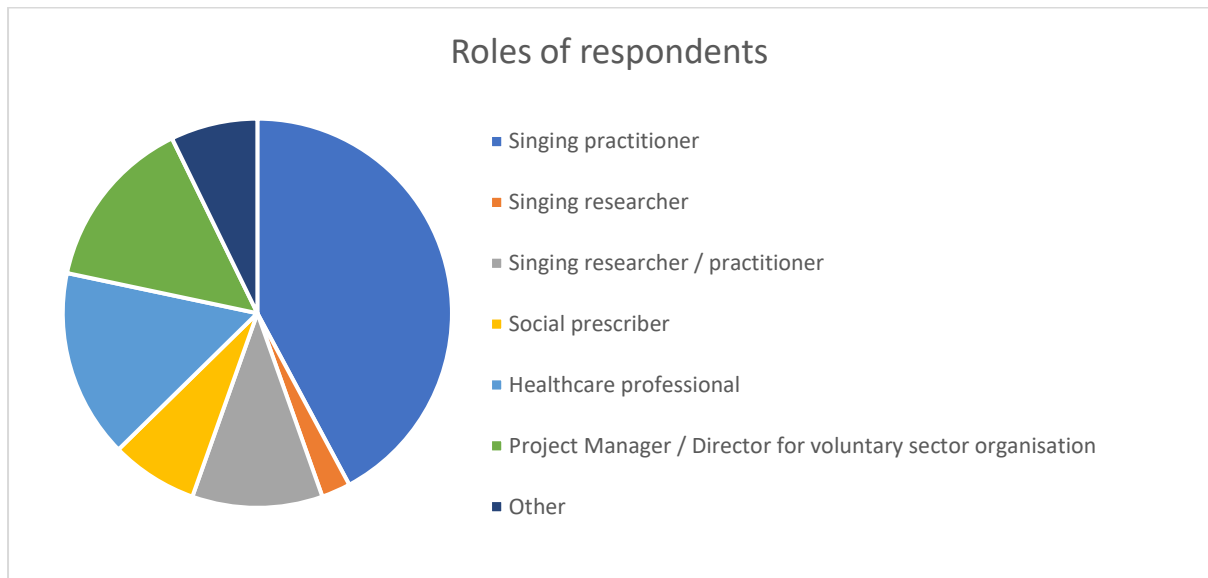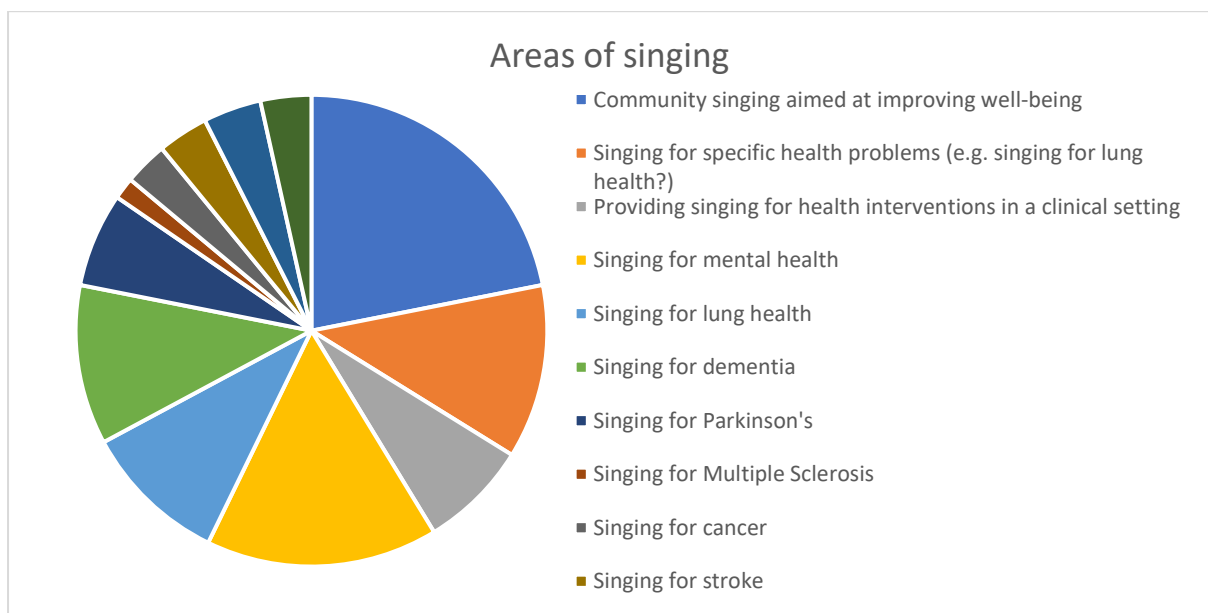## RESPONDENTS

Consent:
- All are over 18
- All understand participation is voluntary
- All agree for their data to be analysed
- All understand data will be held securely and not shared
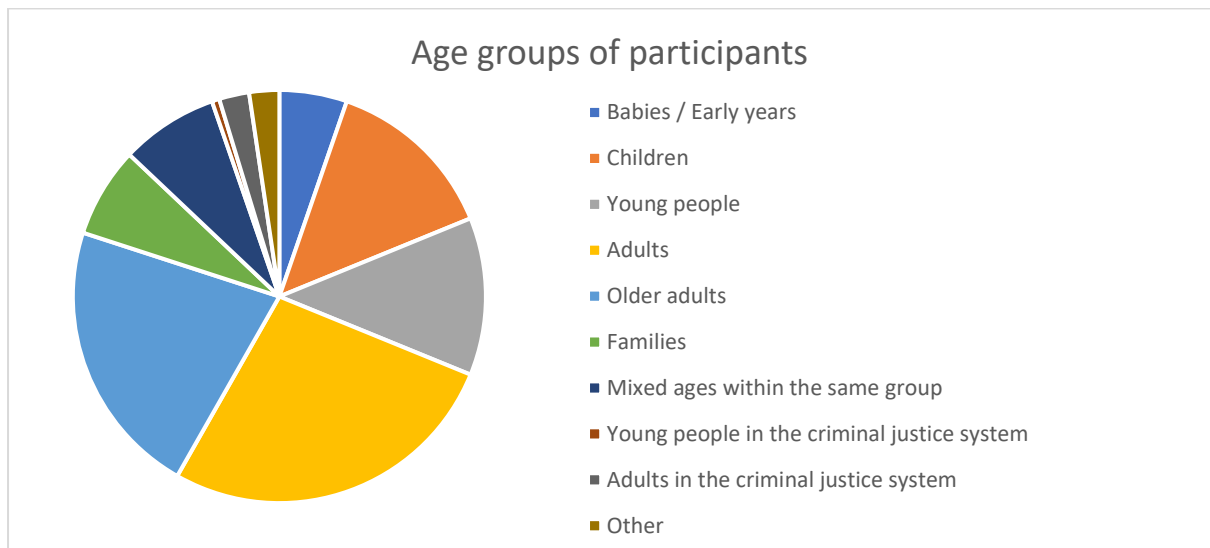- All understand their right to withdraw

Summary:
- 58 responses – 11 identifying as researchers and 47 as practitioners
- Even geographical spread across England, Scotland, Wales and NI (1 from US)
- 7 from 25-34 age group, 10 from 35-44, 23 from 45-54, 12 from 55-64 and 6 over 65
- 52 White, 2 Mixed Ethnic, 1 Asian, 1 Black/Afro/Caribbean, 1 Chinese

Roles of respondents
- Singing practitioner
- Singing researcher
- Singing researcher / practitioner
- Social prescriber
- Healthcare professional
- Project Manager / Director for voluntary sector organisation
- Other

Other: Learning Mentor, Teacher, Retired healthcare professional, Community Musician, NHS Music Manager, Trustee

Areas of singing
- Community singing aimed at improving well-being
- Singing for specific health problems (e.g. singing for lung health?)
- Providing singing for health interventions in a clinical setting
- Singing for mental health
- Singing for lung health
- Singing for dementia
- Singing for Parkinson's
- Singing for Multiple Sclerosis
- Singing for cancer
- Singing for stroke

Other: Music Therapy, Substance Abuse, Learning Disabilities, Carers

Age groups of participants

- Babies / Early years
- Children
- Young people
- Adults
- Older adults
- Families
- Mixed ages within the same group
- Young people in the criminal justice system
- Adults in the criminal justice system
- Other

Other: All, Disabled Adults, Hospitalised Children & Young People

How do respondents use research?

- Singing for Health is the focus of my own research
- I use research to improve my practice as a Singing for Health practitioner
- I share research with participants in my Singing for Health group(s)
- I use research to understand how Singing for Health impacts on my own or others' health
- I use research evidence to justify Singing for Health services to commissioners
- I use research evidence when commissioning services
- I am interested in research but do not use it in my work
- Other

Other: In teaching, funding applications

RESEARCHER RESPONSES

NB – 11 respondents identified as researchers, therefore due to small numbers the following results cannot be deemed as highly significant.

On research:
- 100% of researchers agreed that the involvement of practitioners in singing for health research is of quite or extremely high priority
- Data could suggest that it is somewhat difficult for researchers to engage with singing for health participants and practitioners as collaborators or co-applicants
- Data could suggest that it is easy for researchers to meet participants
- Insignificant data to ascertain:
    - ease of meeting singing for health practitioners
    - ease of meeting or collaborating with other singing for health researchers
    - ease of setting up partnerships with groups or practitioners
    - ease of recruiting singing for health practitioners into studies
    - ease of recruiting singing for health groups into studies
    - ease of dissemination of research findings (to commissioners, other practitioners or public)

Researcher motivation for joining network:
- Connection with others in the field
- Access to latest research/knowledge to inform/affirm practice/support funding bids
- Promotion of singing for health.
- Collaborations with other researchers and practitioners to strengthen research bids.
- Info re available funding
- Mutual support

AIM 1: Bridging Research and Practice
- 91% of researchers see bridging research and practice quite or extremely high priority
- Research summaries, case studies, interviews, training in research methods/evaluation, training in research process, partnerships between researchers and practitioners – all seen as somewhat or very useful

AIM 2: Advocacy
- 82% of researchers see Providing tools with key information and statistics to help 'make the case' for Singing for Health to health providers/commissioners as quite or extremely high priority. Useful for funding/sustainability/buy in.
- Links to existing/new resources and details of funding opportunities seen as most significantly useful
- Noted that it was easy to find information on the strengths and opportunities of singing for health, but details of weakness and threats are scarce

AIM 3: Networking
- 82% of researchers see networking and sharing as quite or extremely high priority
- Facilitated discussion groups/focus groups, annual conference, and regional network meetings seen as most significantly useful

AIM 4: Promoting and sharing Singing for Health research and practice
- Seen as important to reach choir leaders, teachers, medical practitioners, groups with health challenges, funders, charities, public, link workers
- Digital newsletter, journal, blog, PR support, SIGs all seen as useful
- Physical newsletter not considered useful
- Social media seen as most useful

AIM 5: Professionalisation
- 82% of researchers see professionalisation as quite or extremely high priority
- Useful to evidence practice, show graduating levels of competence, as criteria to underpin practice, to prove credibility
- Standard description, QA framework, mentoring for practitioners and researchers, professional accredited quals and qual training practical all seen as useful
- A range of workshops/seminars/conferences seen as most useful

AIM 6: Funding
- Researchers see funding as quite a high priority
- They don't want costs to have to be passed on to participants
- It would be most useful for them to be able to connect with others for collaborative funding applications, and have funding opportunities signposted

On research:
- 85% of practitioners think using singing for health research is a quite or extremely high priority.
- Their motivation for using research includes:
    - Validation and evidence for self, funders and commissioners
    - Enrich and improve practice – then benefits participants
    - Interest and fascination with subject
    - Know how to tailor to improve specific clinical outcomes
    - Best and safe practice
    - Awareness, advocacy and marketing

- On balance practitioners do not find it significantly easy or difficult to find relevant research
- A significant proportion find it difficult to access academic research
- Most find it easy to understand research findings and apply to their own practice
- It is more difficult to ascertain how reliable research is

Practitioners' motivation for joining a network:
- To access latest research and knowledge
- Take part in research
- Share practice with like-minded people
- Opportunities and developments in field
- Ideas and inspiration
- Confidence to undertake own research
- Support and feeling less alone – links and collaboration
- Best practice

AIM 1: Bridging Research and Practice
- 89% of practitioners see bridging research and practice quite or extremely high priority
- They express a wish to get closer to the science/clinicians
- They feel that research needs to translate into practical applications, involve participants, and the benefits of singing for health properly understood, collated and communicated
- They believe that there should also to be a focus on harmful aspects
- Research summaries, case studies, interviews, videos, training in research methods/evaluation, training in research process, partnerships between researchers and practitioners – all seen as somewhat or very useful
- They see value in creating a web resource with key information clearly expressed in an accessible format

AIM 2: Advocacy
- 83% of practitioners see providing tools with key information and statistics to help 'make the case' for Singing for Health to health providers/commissioners as quite or extremely high priority. Useful for funding applications and promotion/validation of this work.
- Links to existing/new resources, case studies, details of funding opportunities, training sessions on advocacy and grant writing all seen as useful
- Other suggestions include:

- o   A database of research articles, regularly updated
- o   A mentoring system
- o   Easy to use advocacy tools

AIM 3: Networking
- 96% of practitioners see networking and sharing as quite or extremely high priority
- Most important for sharing best practice and to reduce feelings of isolation
- Could be used to facilitate supervision, mentoring, larger joint singing events
- Facilitated discussion groups/focus groups, annual conference, and regional network meetings, opportunities for connection, events calendar seen as most significantly useful
- Whilst umbrella-style support regarding running and setting up of groups and other common factors would be useful, a network should take care not to try one size fits all

AIM 4: Promoting and sharing Singing for Health research and practice to a wider audience
- 89% of practitioners think this is of quite or extremely high importance
- Seen as important to reach choir leaders, teachers, medical practitioners, groups with health challenges, funder/commissioners, charities, public, link workers, social services, schools, patient support groups, press, health minister, mental health services, signposters
- Seen as a useful way to improve employability and reduce siloing
- Digital newsletter, journal, blog, Social media, PR support, SIGs all seen as useful
- Physical newsletter seen as least useful
- Practitioners looking for a sense of belonging, learning, connection, deeper understanding, a formal registered group, find out about other areas, ways to raise awareness of own projects

AIM 5: Professionalisation
- Only 53% see professionalisation as quite or extremely high priority
- Training seen as more important
- Practitioners would prefer to *be seen as* professional rather than *professionalised*
- Whilst guiding principles might help, it is too soon to standardise practice, there is still too much to learn
- This work needs to be valued more but this will come
- QA framework, mentoring/buddying, a range of workshops/seminars/conferences seen as most useful

AIM 6: Funding
- 78% of practitioners see funding as quite or extremely high priority
- Funding can mean being controlled by an external body – if self-sustaining have more autonomy
- On plus side, funding can offer security, consistency and foundation, and accessibility to disadvantaged communities
- It would be most useful for them to have funding opportunities signposted

- 98% of respondents believe that a network is needed
- Networks provide strength in numbers, a centralised body, and reduce isolation of practice
- Could help members make larger funding bids across regional areas
- Need to spread the joy, but keep things simple for now
- Most agree subscriptions should be on a sliding scale

How would members prefer access information?

- Videos
- Live webinars
- Written content
- Audio recordings
- Visual graphics
- Face to face
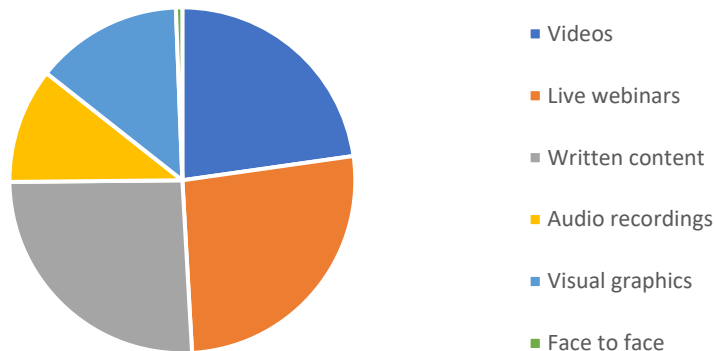
Suggested annual subscription

50% of practitioners are already a member of a network – these are:
- NVN
- BAMT
- Making Music
- Singing for Lung Health
- STBP
- ASD CEN
- CHWA
- NPAG Arts heritage & design in healthcare network
- A & H SW
- Music Education Council

- Sound Sense
- Lewisham Education Arts Network
- Soundcastle
- ArtsChain
- Artsworksalliance
- Sound connections
- CIF
- Music for Health Research and Practice Network
- British Actors Equity
- NVPN
- Arts and Health NPAG
- British Society for Lifestyle Medicine
- AOTOS
- Music in Dementia UK
- ABCD
- RSPH
- BKA
- Choirleader Meetup
- Singing for Mental health

HEADLINES

- **All network aims appear to be relevant apart from AIM 5 (Professionalising) which it may be more appropriate to focus on at a later date once established**
- **Connecting research and practice in singing for health is vital and a network would help facilitate this**
- **A primary aim of centralising and summarising research on Singing for Health would be welcomed**
- **Members would find the following outputs most useful:**
  - **a regularly updated centralised repository for existing/new research/case studies**
  - **advocacy tools for funders and commissioners**
  - **a regularly updated list of funding opportunities**
  - **a centralised database of singing for health professionals (researchers and practitioners) detailing areas of focus**
  - **practical and generic advice/resources around setting up and running singing for health groups**
- **Members would be interested in connecting and sharing knowledge through:**
  - **conferences, focus groups and regional meetings**
  - **a digital newsletter/singing for health journal/blog**
  - **social media presence**
- **In the longer term, the network could consider:**
  - **adopting a strategic approach to raising the profile of this work**
  - **developing quality assurance standards and guidance for best practice**
  - **more formalised systems for supervision, mentorship and buddying**
  - **providing training opportunities**
  - **develop or signposting accredited qualifications for practitioners**
- **Members would be prepared to pay an annual fee on a sliding scale between £10-£120**