

# Community singing and social work: A new partnership

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Social work; community singing; community arts; literature review.

## ABSTRACT

*Community singing is a popular activity in Australia. Community choirs have allowed people to access meaningful musical experiences regardless of previous experience or musical training. Surprisingly, social work is a profession that is not traditionally associated with the community arts movement or community singing. None-the-less, the goals of social work are compatible with the tradition of the community arts movement, and social workers frequently report being very involved with community arts projects, although this is not presently reflected in the social work research literature. Consequently a research project has been undertaken to explore this topic and to move towards theorising community singing as a social work intervention. This article considers the links between social work and community arts and attempts to synthesize the available multi-disciplinary literature with a view to informing a socially inclusive model of community singing for social workers and other professionals.*

## INTRODUCTION

Community singing is a popular activity in Australia. As part of the community arts movement group, singing and community choirs have allowed people to access meaningful musical experiences regardless of previous experience or musical training. Surprisingly, social work is a profession that is not traditionally associated with the community arts movement or community singing. Acknowledging that more research is still required, none-the-less, social work aims, and values, ethics and theory are compatible with the tradition of the community arts movement. Social workers frequently report being very involved with community arts projects through their work with communities, although this is not yet reflected in the social work research literature. Consequently a research project has been undertaken to explore this topic. The potential for social workers and social work agencies to use group and community singing as an intervention with individuals and communities has been a strong motivation in this research. The project has cross-disciplinary supervision from the School of Social Work and the [School of Communication, Arts and Critical Enquiry](#).

The principal researcher, Carol, has personal experience of singing with community choirs, and professional experience working in a community arts program that used visual arts to foster positive social relationships and personal and artistic growth. Carol is seeking to bring together community arts and social work by theorising community singing for social work practice. There is presently a very small amount of qualitative research literature that deals with people's subjective experiences of singing with others. Therefore community singers and singing leaders will be interviewed about their personal experiences of singing with others. There is a great opportunity to integrate theory with practice in this field, since there appears to be little theory to underpin community arts practice in social work. Findings from the project are expected to provide new insights into the subjective experience of singing with others and will also be used to develop a new and innovative socially inclusive model of community singing for social workers and other professionals. The available multi-disciplinary literature will also inform the model of practice. At present the literature around community singing is spread across a diverse range of disciplines with little cross-disciplinary sharing of knowledge. This article attempts to synthesise the literature with a view to informing a socially inclusive model of community singing that is compatible with social work aims, ethics, values and theories.

## COMMUNITY SINGING

Community singing is a popular activity, particularly in the United States (Bell 2004) and also in Australia where there is an extensive and vibrant range of community music and singing activities that regularly take place across a broad range of urban and rural communities in both formal and informal settings (Bartleet et al. 2009). There are 750 choirs registered with Community Music Victoria (CMV) and potentially many more unregistered (CMV 2009, personal communication 10<sup>th</sup> December). The current popularity of community singing is also reflected in television programs such as *The Choir of Hard Knocks*, *Battle of the Choirs* and *Jailbirds*.

Historically, in Western cultures, making music was a common activity for most people, and attending a musical performance was an activity for the elite classes (North, Hargreaves & Hargreaves 2004). As researchers have pointed out, unlike a musical instrument, the singing voice is located within the body, and is the most accessible way to make instant music (Bamford & Clift 2007; Joyce 2005; Rickwood 1998). Singing does not require music-reading

skills, or any formal musical training (Joyce 2005). Since the technological revolution, recorded music in all styles has become available to most people. This has resulted in a commodified, elitist culture, where music tends to be performed mostly by trained and skilled professionals. Other people less likely to make music themselves, meaning that for the most part, they are consumers of music; listeners rather than makers (Bailey 2002; Bailey & Davidson 2005; Ife 2002; Joyce, 2005). Consequently, it is quite common for many Western people to claim that they cannot sing.

The idea of the 'non-singer' is very unusual in a global sense (Bailey 2002; Mithen 2005) and in many cultures the concept of someone not being able to sing is incomprehensible as singing is such a normal part of everyday life (Mithen 2005). Men and boys are particularly under-represented amongst choir singers (Bell 2004). Thus in Anglo cultures, singing has come to be seen as the exception rather than the norm, and many people firmly believe that they are either a singer or a non-singer and that this cannot be changed by experience or training (Joyce 2005). As Small (1999) points out, this is of great concern given the demonstrated benefits to wellbeing that can be gained through group and community singing. As part of the community arts movement, community music and community singing is seen as a way for people to claim back their right to actively make music together (Ife 2002). Choirs that aim for social inclusion are open to all in their specified community, do not audition or require previous experience or music-reading ability (Bell 2008), and have an emphasis on participation rather than technical skill (Gridley 2008; Higgins 2007; 2008). Thus for social workers, this area of practice is an opportunity to break down social barriers and work towards social inclusion in communities.

## **COMMUNITY ARTS AND SOCIAL WORK**

Community arts and social work may appear to be an unlikely or unexpected partnership, given that social work in Australia and the United Kingdom is traditionally associated with casework and child protection (Gray & Crofts 2008; Jones 2002; Mendes 2005). However, social workers are involved with supporting and revitalising communities in many capacities (Alston & McKinnon 2001; Dixon, Hoatson & Weeks 2003), and the aims of the community arts movement are particularly compatible with social work aims and values.

Social workers are concerned with human wellbeing and self-fulfilment, social justice, social inclusion and social change (Australian Association of Social Workers 2002). They are particularly skilled in working with communities because of their empowerment approach; their understanding of people in the context of their environment; and their knowledge of the ways that individuals, organisations and societal systems interrelate (Jones 2002). Social workers employ strategies from community development, group work and strengths-based practice (among other theories), in their work with individuals and communities and consider themselves agents of social change (Australian Association of Social Workers 2002; Ife 2002).

These philosophies resonate with the tradition of the community arts movement, which values all forms of art, thereby ensuring access to artistic experiences for all people. Participation and collaboration are valued as much as, or more than, the end product, and there is often a social change agenda associated with community arts projects (Higgins 2008; Mullen 2002). Arts activities, such as community singing, can help to build strong, healthy individuals and communities by building social capital and giving people a sense of belonging and identity (Ife 2002; Langston 2005a;

Langston & Barrett 2008; Louhivuori, Salminen & Lebaka 2005; Putnam 2000). This is acknowledged in Australian public policy (Department of the Environment Water Heritage and the Arts 2009; Victorian Health Promotion Foundation 2007). Social workers have important and valuable skills that can be employed to great effect in community arts projects, particularly in collaboration with artists and other professional groups. There are increasing opportunities for the profession to become more involved with this sector.

Nonetheless, the social work literature does not reflect an involvement in community arts projects, even though in practice, many social workers and agencies are involved with supporting and facilitating community arts activities (Alston & McKinnon 2001; Dixon et al. 2003). Further, social work agencies increasingly include choirs in the programs they offer to clients and to the public (Foundation House n.d.; Reclink n.d.; St. Luke's Anglicare 2009). In non-traditional positions such as arts projects, there is a trend for social workers not to identify themselves by their social worker title, but rather they may assume a title in keeping with their role such as 'Arts Officer' or 'Youth Worker' (Gray & Crofts 2008). This may contribute to the dearth of literature about social work and community arts. However, since social workers are practicing in these areas, writing about and theorising this practice is to be encouraged, as this is important to underpin practice.

Durrant (2003, 2005) and CMV (Community Music Victoria n.d.) present models of facilitating community singing that will inform our new model. Although Durrant has a music education background, his 'human-compatible model' of choral conducting is in line with a community music model, and also aligns with social work values and theories about working with individuals and groups. CMV promotes a model for training facilitators and facilitating singing circles that are sustainable and regenerative and based on participation and social inclusion. CMV's model has an emphasis on teaching songs 'by ear' (without musical scores), as this enhances social inclusion. They also promote 'singing with' for itself, rather than 'performing for' an audience. These models are particularly compatible with community development theory and strength based theory that social workers draw on in their work with communities.

Multi-disciplinary collaboration and information sharing is encouraged in research on community music and singing (Bailey & Davidson 2003b; Cayton 2007). Therefore, as part of the research project an extensive multi-disciplinary review of academic research and theory, relating to community and amateur singing, has been conducted. The main aim of this literature search was to synthesise the available academic literature from a diverse range of disciplines, in order to inform a socially inclusive model of community singing, compatible with social work aims, values, ethics and theory. The model will also be informed by the findings of the research study. The next section of this article presents a concise literature review.

It is apparent that researchers have generally reviewed literature from within their own discipline rather than including multi-disciplinary literature. This has resulted in a body of literature which is quite compartmentalised according to discipline with little cross-disciplinary sharing of information, despite similar and related findings across many of these studies. Literature about professional singing and formal music education has been avoided in this review, unless it has some relevance to community singing.

## LITERATURE REVIEW

### Origins of human musicality

This body of research is important for a socially inclusive model of community singing because it presents evidence to support the concept of the innateness and universality of music, which suggests that all people (barring particular cognitive impairments) are capable of making music (Mithen 2005). This information helps to dispel elitist Western beliefs about singers and non-singers and that only some people have musical talent (Joyce 2005).

Evidently, humans have been musical for at least 150,000 years, pre-dating modern humans (*homo sapiens*) (Balter 2004; Mithen 2005). There is extensive, ongoing debate amongst evolutionists as to whether or not musicality evolved as an adaptation, possibly for individual or group survival or sexual selection (Balter 2004; Bickerton 2000; Cross 2006; 2008; Dissanayake 2000; Freeman 2000; McDermott & Hauser 2005; Merker 2003; Miller 2000; Mithen 2005; Trehub 2000). Much of our musical skill and appreciation is innate or inherent rather than learned (Balter 2004; Bickerton 2000; Cross 2006; 2008; Dissanayake 2000; Freeman 2000; McDermott & Hauser 2005; Merker 2003; Miller 2000; Mithen 2005; Trehub 2000). Along with language, making music is one of the defining traits of what it is to be human; other animals do not sing, make music or keep rhythm in the way that humans do (McDermott & Hauser 2005; Merker 2003; Mithen 2005). The way humans move to music and keep rhythm is termed 'entrainment', and this is what allows us to join with others to make music (Merker 2000; 2003; Mithen 2005). Music is common across all known cultures (Balter 2004; Cross 2006; 2008; Mithen 2005), and the Western phenomenon of producing 'non-singers' is the exception (Cross 2006; Mithen 2005). The information gleaned from these studies provides an important underpinning for the rationale of a socially inclusive model of community singing, reminding us that everybody can make music.

### The singing body

These studies have focused on the physiological aspects of singing. Through saliva testing, singing has been found to improve immunity (raised levels of salivary IgA) and reduce stress levels (lowered levels of cortisol) in singers (Beck et al. 2000; Kreutz et al. 2004; Kuhn 2002). This is especially true for amateur rather than professional singers (Grape et al. 2003). It is also thought that there is a cumulative effect for long-term choir singers (Beck et al. 2000). Self-rated emotional states before and after rehearsals showed an increase in positive emotional state after rehearsals (Kreutz et al. 2004). These studies give some insight into the body's response to singing. However, as Clift et al. (2008) have pointed out, the methods and instruments used have not been consistent across studies, so it is difficult to make comparisons. Also, the information gleaned does not tell us how long the effects last, or whether the results have any clinical significance. Other physiological responses to music include the sensation of *chills* – 'a subtle nervous tremor caused by intense emotion'. This is experienced in response to music that has personal meaning and significance for the listener (Grewe et al. 2007: p. 297). There is also evidence that endorphins (the body's natural opiates to combat pain or stress) are released when we sing, which produces feelings of wellbeing (Balter 2004; Mithen 2005).

## **The musical brain**

Research has also been undertaken on music and the brain. This area of research is somewhat related to the previous section, in that it is based on physiological and chemical data. These studies provide a physiological and neurological basis for understanding how music is processed in the human brain, and some insight into why it might be a beneficial activity.

Research studies on the brain have shown that the neural systems involved in making music are widely distributed throughout the brain and that making music requires the simultaneous coordination of many different systems in the brain (Hodges 2000; Peretz 2004). Hodges (2000) claimed that making music involves 'at the least the auditory, visual, cognitive, affective, memory and motor systems' (p. 52). Parts of the brain that are used to make music are more developed or enlarged in musicians (Falk 2000; Hodges 2000; Mithen 2008; Schlaug et al. 2005). There is ongoing debate as to whether language and music have separate or shared processing pathways in the brain. Some systems for musical tasks are thought to be shared with language or other processing functions, while other musical tasks appear to be separately processed (Hebert et al. 2003; Holden 2001; Peretz 2004). It has been found that pleasure and reward systems in the human brain respond to music in the same way that they respond to food, sex and illicit drugs. Researchers suggest that music is 'of significant benefit to our mental and physical well-being' (Blood & Zatorre 2001: p. 11823). More research in this area would be potentially very significant in relation to people with issues such as substance abuse and depression. People who have certain cognitive impairments through injury, illness or stroke can often still have meaningful musical experiences, because usually only some of the systems used to make music are damaged, and some are preserved (Hodges 2000; Peretz 2004). Therefore, some people with certain cognitive impairments who cannot speak can sing, and even sing sentences in order to communicate (Özdemir, Norton & Schlaug 2006). These findings remind us that everybody can benefit from access to participatory musical experiences. Impairment or disability is not, and should not be, a barrier to these experiences.

This section and the previous section of the literature give an account of measurement of the physical and chemical activities that take place within the body and brain when we sing. A quantitative methodology is appropriate for this type of research and the results provide a useful basis for considering how these physiological events are experienced in the living body when a person sings. However, these studies are based on a Cartesian division between mind and body, studying the body and brain as objects, rather than considering the lived experience of singing in a more holistic or interrelated sense. Exploring people's lived experiences of singing together is a neglected area in the literature.

## **SINGING TOGETHER**

### **Singing across the lifespan**

Singing lullabies to babies is considered to be a musical universal across cultures (McDermott & Hauser 2005; Mithen 2005; Trehub 2000). Singing to soothe or stimulate babies has been shown to be useful in regulating mood for both mother and baby, and is beneficial for attachment and bonding and for the mother's mental health (Mackinlay & Baker 2005a; 2005b). Music therapists sing to babies in neonatal intensive care units and this improves the vital

signs of the infants (O'Gorman 2007) and also assists with brain development (Shoemark 2006). Using music and singing with groups has been successful with children and adolescents, particularly for therapeutic outcomes (De Carlo & Hockman 2003; Hilliard 2007; McFerran-Skewes 2004; Woodward, Sloth-Nielsen & Mathiti 2007).

There are many programs that provide singing opportunities for older people. Currently many older people would be of an age where some form of community singing was a part of their early lives. Participating in singing programs has been shown to be beneficial to physical and emotional health in older people and this means there is a reduced burden on the public health system (Hillman 2002; Zanini & Leao 2006). Intergenerational choirs have been found to be enjoyable, but also useful for improving attitudes of older and younger people towards each other, thus breaking down social barriers (Cusicanqui & Salmon 2004; Darrow, Johnson & Ollenberger 1994). More studies with older people will be discussed in the section on music in healthcare settings.

This small body of literature gives some insight into how a socially inclusive model of community singing might be used by social workers and agencies with different groups in the community across the lifespan. For example, a lullaby and play-song group for children and parents with attachment issues, or for children and adolescents with grief and loss issues, or for older people who are socially isolated are key areas of social work practice.

### **Singing together for health**

There is quite a large body of literature related to using singing groups in healthcare settings, or for health outcomes. A Swedish study showed that people who frequently attended cultural events (which included singing in a choir), had a better chance of health longevity than those who attended rarely (Bygren, Konlaan & Johansson 1996). Within healthcare settings, arts programs, including group and community singing, have been found to be beneficial to wellbeing (Clift & Hancox 2006; Robinson & Clift 2002; Stacy, Brittain & Kerr 2002; Staricoff 2004). Such programs are also helpful in bringing about lifestyle changes, particularly because arts programs do not rely on the spoken word for communication (Bamford & Clift, 2007; Cayton, 2007). Bailey and Davidson (2003a) compared the experiences of solitary listening, group listening and group singing. The results showed that singers perceived the most health benefits from group singing, and the least from group listening (Bailey & Davidson, 2003b).

Singing and music programs have been found to benefit people with Alzheimer's disease and their carers (Bannan 2008); people with Parkinson's disease (Tomaino n.d.); and dementia (Bamford & Clift 2007; Gotell, Brown & Ekman 2002; Lesta & Petocz 2006), as well as socially withdrawn and culturally and linguistically diverse (CALD) people (Cayton 2007). In medicine, participatory arts programs including choirs, are known to improve mental health (Cohen 2006), reduce the need for doctor visits (Cohen, 2006) and medication (Cohen 2006; Hodges 2000; Kenny & Faunce 2004), and to reduce recovery time (Hodges, 2000). The use of music and singing have been shown to assist cognitive function in patients who have been affected by multiple sclerosis (Thaut et al. 2008), stroke, brain tumour or trauma through injury or disease (Sacks 1998; Schlaug, Marchina & Norton 2008).

A British study on singing and health was conducted by Clift and Hancox (2001), and involved a qualitative pilot study followed by a quantitative survey based on the themes that emerged from the pilot study. The quantitative study investigated the perceived benefits of singing from the perspective of the singers. It was found that the majority of

singers perceived that singing benefited them socially, emotionally physically and spiritually. They believed singing improved their breathing and lung function, improved their mood and helped reduce stress (Clift & Hancox, 2001). A further, cross-national study was later undertaken, which supported the findings of the 2001 study (Clift et al. 2008). Singers in this study self-reported benefits to their physical and mental health from choir singing. The 2008 study also gathered qualitative data and at present, only a preliminary analysis of a small amount of this data is available. This analysis shows that singers perceived: lowered stress levels; positive feelings; a sense of achievement; social benefits; and improvements in physical health as a result of their choir involvement (Clift et al. 2008).

These studies are largely concerned with measurable health outcomes and are mostly conducted within a medical paradigm. In medical studies the quantitative paradigm is often seen to be more robust than qualitative methods, the result being that only objectively measurable variables are studied (Bryman 2008; Cayton 2007). This research is often driven by the needs of funding bodies and management structures, where qualitative information is often undervalued (Cayton 2007). Further, funding for projects is often not sufficient for conducting rigorous evaluations (McNaughton, White & Stacy 2005). Health is defined in different ways across different studies, which makes the studies difficult to compare. There is no consensus about what should be measured and how it should be measured (Clift et al. 2008). These characteristics limit the types of studies that are undertaken on singing and health. Consequently there is little insight into the subjective experience of what it is like to participate in these programs, or the personal meaning that is ascribed to singing in these situations. This information would be valuable in designing programs that use singing as a vehicle for health and social outcomes. Nevertheless, the available quantitative information can provide a rationale for facilitating socially inclusive singing groups for improving health and wellbeing.

## **COMMUNITY ARTS AND COMMUNITY MUSIC**

The community arts movement dates from the 1960s and 70s, and includes community music. It is concerned with valuing all forms of art and ensuring access to the arts for all (Higgins 2008; Veblen 2007). Community music is generally considered to be outside of the formal context of music education. Participation is valued as equally or more important than skill or talent and community music is collaborative and exploratory rather than didactic (Bartleet et al. 2009; Gridley 2008; Higgins 2008; Mullen 2002). Diversity is typically welcomed and there is a collective identity for the people involved, which could be geographical or based on experiences or circumstances. There are also additional social purposes, often with an emphasis on social change (Dunphy 2009; Higgins 2008; Ife 2002). Singing has been used politically throughout history, to protest or raise social consciousness, and to consolidate unity or identity for specific cultural groups (Adler 2006; Bell 2004; Hayes 2005). Consequently those in authority have often censored or banned music because of its power (Hallam 2005).

A great deal of information has been collected about the effects of community arts projects, but not all of the research has been rigorous; many of the studies are anecdotal, use small sample sizes and do not use standardised measurement tools. Therefore this research is not generalisable to other populations or comparable between studies. Much of the information gathered is drawn from evaluations that influence funding, so the data cannot be assumed to be objective (McQueen-Thomson & Ziguras 2002). There is a need for more rigorous research and long-term studies of the impacts of community arts programs (Jermyn 2001; McQueen-Thomson & Ziguras 2002; Mulligan et al. 2006). Jermyn (2001) says, however, that the large body of anecdotal evidence should not be dismissed, and



that the research is becoming more rigorous. Studies that have been undertaken have been able to demonstrate an increase in self-esteem and self-confidence for participants through community arts projects. These studies have used self-report scales and observation by facilitators. More studies are required to demonstrate how widespread these benefits are (McQueen-Thomson & Ziguras, 2002). Because this area of research is often driven by funding bodies, quantitative and economic measures are often valued over qualitative methods.

In 2005, Langston conducted a qualitative study in Tasmania on the generation of social capital in a community choir. He found that choirs are beneficial to the community because they are an important factor in creating social capital and wellbeing in communities. They foster community connection, social bonds and fellowship and bring people of similar interests and backgrounds together (Langston 2005b). A further study by O'Connor (2009) confirmed Langston's findings about building social capital through community singing, which she found also led to public health benefits for individuals and communities. O'Connor's study suggested that community singing also creates bonds and breaks down barriers between people of varied backgrounds, ages and experiences. However, she did observe that the singers valued being with people who shared common values and norms (O'Connor 2009).

This section of the literature gives some indication of the power of bringing people together to sing. Singing together has been used for political resistance, consciousness-raising, creating social change, breaking down social barriers and uniting communities. All of these processes and outcomes are compatible with the aims of social work and help to inform a socially inclusive model of practice.

## **SUBJECTIVE MEANING IN SINGING EXPERIENCES**

This section discusses research about the personal meaning that people ascribe to singing. This is important for a socially inclusive model of community singing because it gives insight into why people are drawn to sing together and what it brings to their lives. There is a dearth of research that explores the effects of active music making (Clift & Hancox, 2001). As Bailey and Davidson (2003a) note, traditionally research on singing has tended to focus on people with a high level of musical training; however this literature review focuses on the experiences of amateur singers.

There is a small body of interpretive, qualitative research available on the subjective experience of community singing. Singing with others was found to have a strong social function and singers felt valued as part of a group (Bailey 2002; Bailey & Davidson 2001; 2003b; 2005; Durrant & Himonides 1998; O'Connor 2009; Rickwood 1997; Zanini & Leao 2006). Singing helped the singers to express emotions (Durrant & Himonides 1998; Zanini & Leao 2006). Therefore, people felt they benefited socially and emotionally from singing with others (Bailey 2002; Bailey & Davidson 2001; 2003b; 2007; Durrant & Himonides 1998; Rickwood 1997; Zanini & Leao 2006) as well as through improving their musical skills (Durrant & Himonides 1998). Singers found rehearsals exhilarating, uplifting and relaxing, (Bailey 2002; Bailey & Davidson 2001; 2003b; 2007; Durrant & Himonides 1998; O'Connor 2009; Rickwood 1997; Zanini & Leao 2006) and enjoyed performing (Bailey 2002; Bailey & Davidson 2001; 2003b; Durrant & Himonides 1998). Self-confidence and self-esteem were enhanced through being a part of the choir (Bailey 2002; Bailey & Davidson 2001; Zanini & Leao 2006).

In their psychological studies with choirs for men experiencing homelessness, Bailey and Davidson found that singers participating in an amateur choir, regardless of the skill level or training of the singers and the leader, had therapeutic outcomes similar to that of clinical therapy (Bailey, 2002; Bailey & Davidson, 2001, 2003a). They also found that skills and adaptive behaviours learned in the choir transferred to other areas of life outside the choir thereby enhancing the broader daily lives of these men (Bailey & Davidson, 2001, 2003a).

Additionally, Rickwood uncovered some challenges or negative aspects to community singing. She found that when a choir progressed in skill and reputation, there was a danger that the culture within the choir would change, and exclusive practices such as auditioning could evolve (Rickwood 1997). Apart from Durrant and Himonides, these studies all used a phenomenological approach, which is appropriate for exploring the meaning of subjective experiences. This approach enabled a deep exploration of the experiences of singers in these studies.

These qualitative studies have been rigorously undertaken, so provide good quality data about people's experiences. The information gathered is vital to inform a socially inclusive model of community singing and gives information to social workers about the benefits of these programs for marginalised and other groups.

## **DISCUSSION**

There is an assumption in much of the literature that singing is a 'good' in itself and the possibility of negative experiences is generally not explored in the available research literature. For a socially inclusive model of community singing, it is very important to explore the full range of experiences so that workers are better prepared in facilitating community singing groups. It is claimed that community and group singing can bring people together, and break down social barriers, (Durrant & Himonides 1998; O'Connor 2009; Victorian Health Promotion Foundation 2002). However, it is also observed, sometimes within the same studies, that singers enjoy coming together with, and are drawn to, people who are like themselves or who share similar values (Durrant 2003; 2005; Durrant & Himonides 1998; Langston 2005a; O'Connor 2009). Consequently this issue remains unclear. More research may shed light on whether community singing has the capacity to break down social barriers, and this would be important information for a socially inclusive model of singing.

Synthesising the cross-disciplinary literature facilitates a broad and overarching view of the phenomenon of community singing. It is evident that human musicality and singing are ancient, being prevalent across deep time and across cultures. Formal music education, the Western classical style and notated musical scores are recent developments and are a relatively small part of human musical experience in a global and temporal sense. Nonetheless, the influence of the Western musical tradition is strong and can result in exclusionary practices. It is apparent that as humans we are inherently musical; hard-wired for musical experiences, built to perceive, absorb and produce musical sounds. Singing has the capacity to permeate and enhance our lives at all stages of our development in many different ways; social, health, wellbeing, community, relationships, identity, recreation, creativity and lifelong learning. Community singing emphasises collaboration rather than competition and appears to have the potential to engage groups of people of different ages, backgrounds and abilities in working towards a common goal.

From a social work perspective community singing is beneficial to individuals and communities and everybody is capable of singing and making music. Therefore, socially inclusive singing experiences should be accessible for everybody. Clearly, more research needs to be undertaken to fully understand the complexity of community singing, and how social workers could best provide assistance and support. Given this relative lack of research, nonetheless the body of literature presented here provides a good rationale for social workers and agencies to offer community singing as an intervention in communities. Documented outcomes of community singing projects are compatible with the goals of social work programs in communities. Research from these projects can inform a socially inclusive model of community singing.

## **CONCLUSION**

Community singing has physical and mental health benefits for individuals and communities. Singing has been shown to enhance self-esteem and self-confidence. It can also improve immunity, lower stress levels and lift mood. Singing requires bodily movement and cognition that exercise the body and the brain and it can bring together people from different age groups, abilities and backgrounds in collaboration towards a common purpose. This creates a sense of belonging and community amongst the singers. These are the types of outcomes that social work seeks to facilitate. Although social work is not traditionally associated with community arts projects, it is clear from the literature that social workers are already working in this sector, are well equipped for this work in and have valuable skills to offer. It is also apparent that social work goals and ethics are compatible with the community arts movement.

Social work and the community arts movement share goals of individual self-fulfilment, participation, collaboration and social inclusion. Community arts programs are recognised for building social capital in communities, which is an aim of social work with communities. It is regrettable that community arts practice is not represented in social work research literature to date, but perhaps the current project will encourage social workers to research and write about their community arts practice. For the current project, the literature review will be used to inform a socially inclusive model of community singing which will be further enhanced by the findings of the project. Along with the model of practice, the project will also provide new insights into the subjective experience of community singing, which is a neglected area of research.

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