

Case studies: How have culture and creativity been supporting people in health, care and other institutions during the Covid-19 pandemic?

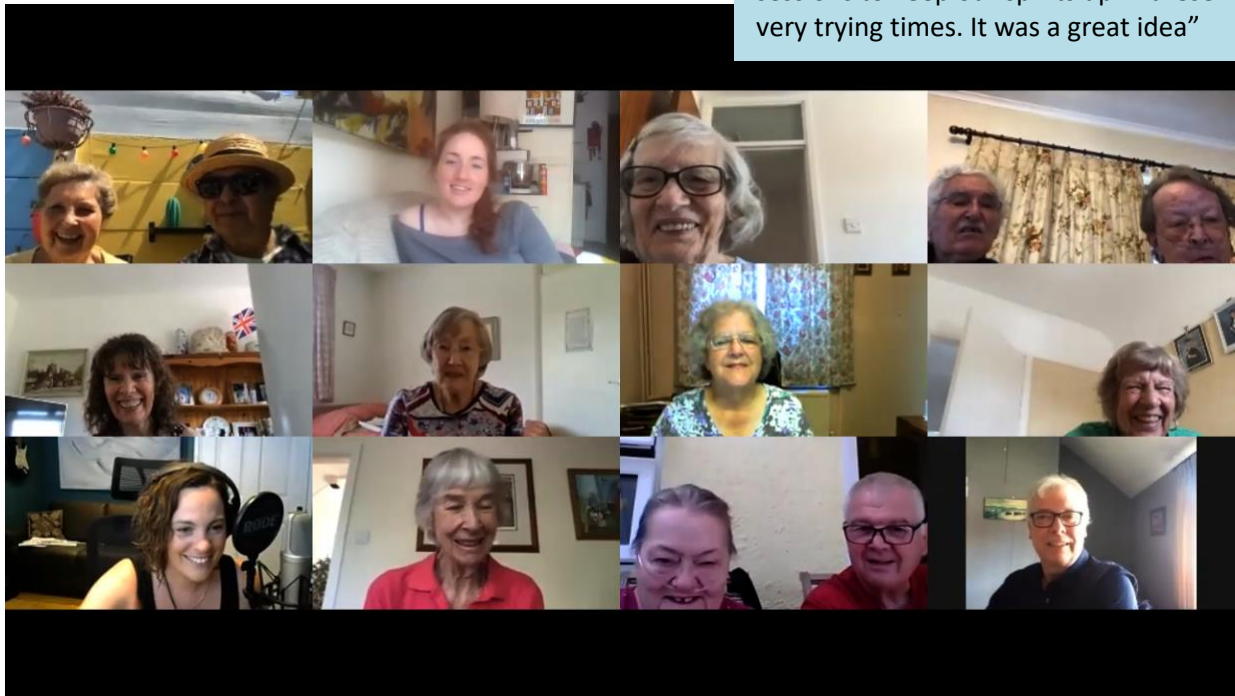
Project: Singing for Breathing

Organisation: rb&hArts

Region: London

Designed for: Adults with respiratory conditions

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Introduction

Royal Brompton & Harefield NHS Foundation Trust is a partnership of two specialist heart and lung hospitals: Royal Brompton Hospital in Chelsea and Harefield Hospital near Uxbridge (both in London). It treats patients with the most complex diseases and conditions throughout their lifetime, from all over the UK.

rb&hArts was set up in 2002 thanks to financial support from Royal Brompton & Harefield Hospitals Charity. The Arts Programme sits within the Allied Clinical Sciences Directorate and is aligned to the delivery of directorate strategic objectives: Develop, Lead and Thrive.

In response to the Covid-19 pandemic, rb&hArts has successfully piloted online Singing for Breathing sessions for 117 participants living with chronic/life-limiting respiratory conditions who are required to shield, leaving them at risk of isolation and loneliness. The singing sessions provide a vital social space with time for chat before trained facilitators lead activities in breath management and group singing. The programme provides physical exercise supporting lung function through mindful activities, boosting positive mental health and creating peer support networks. rb&hArts aim to reach those within the Trust by now being able to offer additional resources including taster sessions on Zoom and offering 1-1 sessions.

Funders

Morrison's Foundation, Samuel Gardner Memorial Trust, the Royal Brompton & Harefield Hospital's Charity, community fundraising as well as individual donations from participants

Who is it for?

Adults living with respiratory conditions

Are these people you have worked with before, or new participants?

As a specialist tertiary healthcare centre, RBHT care for patients all over the UK. Most Singing for Breathing participants are fairly local to access the sessions located at Royal Brompton in Chelsea, in Harefield and in Hillingdon. Moving online has enabled us to expand our participants' reach to include patients and others with respiratory conditions from all over the UK.

How many people took/are taking part?

117 participants across all three groups with an average turnout of 13 participants per session per week.

Where is it happening?

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For how long has it been happening?

Singing for Breathing was piloted in 2007 and established as a hospital-based programme in 2008. It has been running ever since.

What were/are the main outputs?

We have anticipated we would carry on delivering Singing for Breathing weekly 3 times a week. Additionally, we anticipated the number of participants would grow to launch a fourth session. Instead, we have been hosting monthly taster sessions to recruit prospective participants.

There has been various events and new content developed throughout the year; in April we hosted an online viewing of the group's 2019 performance 'The Singing Hospital', and in July artist-facilitator Edmund Jeffrey hosted a fundraiser concert on zoom. The making of a Singing for Breathing video-performance to play at the online Christmas Carol Concert is in process. Participants have also been invited to join the Facebook social space, rb&hArts online. This offers performances from live musicians, art challenges and gardening workshops that lend opportunities to chat and structure their week.

What outcomes were/are you aiming for?

- Supporting adults with chronic respiratory conditions with breathing exercise.
- Continuing to support participants' mental health and wellbeing.
- Providing a support network through community, structure and conversation,
- To combat anxiety and loneliness that can result from such an isolating illness, aggravated by the Covid-19 national lockdown.
- Expanding the participant-base to participants who could not previously attend Singing for Breathing sessions physically due to limited ability or mobility issues.

Have you adapted existing work to make this happen? If so, how?

Singing for Breathing was delivered as physical workshops 3 times per week in different local areas. When the Trust requested that all groups activities ceased immediately, rb&hArts moved the weekly workshop online through Zoom (16th March). The first few weeks, the workshop would start very early to enable individual participants to learn to use the technology, and 121 sessions were offered for tutorials.

Facilitators have needed to adapt their practice, from changing the type of songs they used, to how they engaged the group members and called for feedback.

Does your work support people who identify with one or more of the protected characteristics¹?

Singing for Breathing participants belong to a variety of ethnic backgrounds, genders, beliefs, and ages ranging mostly from 60+. Participants living with a chronic respiratory condition often report as living with a disability.

Evaluation & Feedback

“It brought me together with the group and I felt part of it. Ed [Jeffery] is very good. Thank you for organizing this, it is very good to feel in a community at this moment”

“I always really enjoy SFB classes with Elisa [Jeffery]. It’s really beneficial to the breathing and totally uplifting. So you leave feeling fabulous. I thought it was a brilliant replacement for our usual sessions to keep our spirits up in these very trying times. It was a great idea”

“Admire skills of Elisa [Jeffery] because I can’t sing and somehow, I started singing a bit.”

“Music is a lifeline for all of us”

We follow a rigorous evaluation programme:

- Verbal feedback: As the host organisation, rb&hArts ensures a member of the team attends each session to check in with participants and record attendance, noting any drop-outs and possible vulnerabilities among participants. This is done conversationally, at the start and end sessions.
- Feedback Survey: rb&hArts sends a feedback survey with participants by email after sessions. Many comments on regular feedback questionnaires state that Singing for Breathing is vital to their wellbeing.
- Public Meeting: We held a focus group in July as the national guidelines for shielding participants was changing to gauge how the sessions were going and what they would like to change, if anything. have offered positive feedback.
- Team meetings: We also hosted regular feedback sessions with the facilitators to gauge if the format was suitable and how they were managing.
- Case studies: Through observations (ArtsObsvs), rb&hArts has built a number of participants’ case studies to gauge impact.

Since 16 March, rb&hArts hosted 96 sessions in total (32 per group). We have welcomed 17 new participants, including our hospitals’ patients located as far as Manchester. All questionnaire responses reflected an improvement in mood and energy after a session. 73% noted a physical difference as well, many commenting it “helps with breathing control” and that they find music and singing “uplifting”.

Many participants have been observed to grow more comfortable with the technology: One participant at first only phoned in which does not let her see the instructor. After a few weeks she changed to her smart phone with the camera off, when asked she said she was worried she would look

¹Protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation (Equalities Act 2010).

tired. After a couple of months, she finally turned her camera on so everyone could see her. She has continued this way ever since.

What is your own impression of how it has worked? What have been the challenges and successes for you?

Community: moving Singing for Breathing online has been a huge success in our view, well beyond our expectations. In 2018/19, rb&hArts had piloted online music sessions for Vocal Beats our youth-focused music and singing programme on Google Hangout with very mixed results. The lag meant that singing as a group was not a pleasant experience and the initiative saw low retention as a result. Singing for Breathing however, has demonstrated that singing online as a group can be successful. This can be explained in parts by the fact that members formed a tight community and participants all learnt to grow with it together.

Technological barriers: our participants were on average hesitant to try a new technology. rb&hArts put a number of measures in place to remediate this; instructions were simplified with the same login credentials to reduce anxiety and create habits. 121 tutorials were offered to struggling participants before the sessions, with a member of the arts team acting as designated tech support during every session. As a result, the Uxbridge group, which only counted 5 participants in the first 3 weeks now sees an average of 13. The reliance on the rb&hArts team member has now decreased and our presence is merely a social one.

Being able to confidently use technology to continue enjoying Singing for Breathing has provided further benefits with participants continuing connecting with friends and family on Zoom, further alleviating possible isolation and loneliness. They have also joined other elements of 'rb&hArts online', a social space where they can talk, engage in weekly musical performances, art challenges and other events.

Online group facilitation: facilitators have had a very steep learning curve, ensuring they were able to deliver their sessions differently, prepare suitable material for online activities and keep participants active and engaged. Once the situation had stabilised, the next challenge has been to ensure everyone's voice is heard in an online session is a challenge – and quieter ones can be drowned out by the louder voices. Group ground rules for facilitators and for participants were set out, and now, each participant is addressed by name as they come in or throughout the session to make sure they feel heard and present.

Monitoring physical impact: another obstacle was one of being unable to monitor participants closely through Zoom, visually or aurally. For instance, a participant could be taking 'top up breaths' without our knowledge. Facilitators emphasise doing what participants feel comfortable with, so they don't push themselves too much and use a technique incorrectly. They also ask more regularly for feedback during potentially challenging sections of a session than one might in person.

Are you reaching more people/fewer people/different people?

The online sessions have reached people from further away; Trust patients joining in regularly where they were unable to before. A couple of new participants have said they are too physically disabled to come to sessions in person, or if they are cystic fibrosis patients it is considered too much of a risk. Online sessions have offered them a way to still take part.

What new skills have you or your colleagues had to develop to deliver this work?

Facilitators have learned to adapt session delivery online, taking advantage of being able to demonstrate exercises closer to the camera and in more detail.

They have been experimenting with sharing recorded sound in order to deliver the fun harmonies and rounds that participants love without issues of timing. Most recently, they found that if they play a recording out of an external speaker they can sing along and still be in time with a backing track. Another skill honed through these sessions is a keen participant awareness through gauging enthusiasm when unable to hear participants, whilst also ensuring all participants feel able to make themselves heard when needed.

What would you say has made this project possible?

Singing for Breathing has demonstrated that singing online as a group can be successful. This can be explained in parts by the fact that members formed a tight community and participants all learnt to grow with it together. Participants are invested in Singing for Breathing for they attend weekly, with some having attended for up to 10 years. To support delivering the sessions, participants contribute to the price by donating individually according to the financial means. rb&hArts also successfully raised funds from charitable Trusts and Foundations.

What would have made it easier?

Better quality internet and better technology or personal device would have helped get those participants who cannot join access the sessions and benefit. Given more time to prepare for these online sessions, everyone could have been assisted in person and anxiety around new technology could have been mitigated.

rb&hArts has needed to rely on word of mouth and social media to promote and recruit participants. Facilitators would normally attend pulmonary rehab sessions to run taster sessions for potential new participants. In March, access to clinical spaces was restricted to clinical staff. As a result, the rate of new admissions to the programme has been low.

Further information

Singing for Breathing information: <https://www.rbht.nhs.uk/about-us/our-charities-and-rbharts/singing-for-breathing>

The Singing Hospital documentary: <https://www.youtube.com/watch?v=-lpi3VeKWSE&t=603s>