Arts In Health
Sheffield Teaching Hospitals

Relax, Breathe and Sing Interim Project Report

For women from Sheffield's inner city areas with greater health inequalities

Sheffield Hospitals Charity

Project Overview

This interim report provides a summary of achievements to date, with statistics and some analysis of responses to our weekly evaluation forms

01

Our main goal is to support participants with relaxation and breathing exercises and enhance vocal skills.

02

We aim to build vocal strength and vocal confidence through harmony singing.

03

The approach focuses on fun and interactive learning experiences in a social and safe ‘women-only’ environment

Relax, Breathe and Sing

In September 2024 we started our monthly RBS sessions at the women-only pain clinic at Vestry Hall in Burngreave. This clinic attracts women from the global majority communities who live in neighbourhoods surrounding the Northern General Hospital. This area of the city lacks in green spaces, has more air pollution and poor housing. The pain clinic was set up by the Foundry PCN and supports women in a ‘safe’ space to gain information about a range of topics to improve their health and wellbeing. These sessions are delivered by health and wellbeing coach Tasha Kistnen from Sheffield SOAR Community

Our pain clinic Relax, Breathe and Sing session takes place once a month, delivered by Singing for Lung Health practitioner Helen Lyle. Helen also has over 30 years’ experience of leading community choirs. Each session lasts approximate 45 minutes.

In February 2025 we began to invite women from the pain clinic to attend our weekly RBS session. This is a longer 75 minute session with more emphasis on learning relaxation, breathing and singing techniques. It takes place on a Monday at Burngreave Vestry Hall. 15 women attend regularly.

Impact of Relax, Breathe and Sing

Number of Participants between September 2024 and July 2025

Thursday monthly pain clinic sessions:-

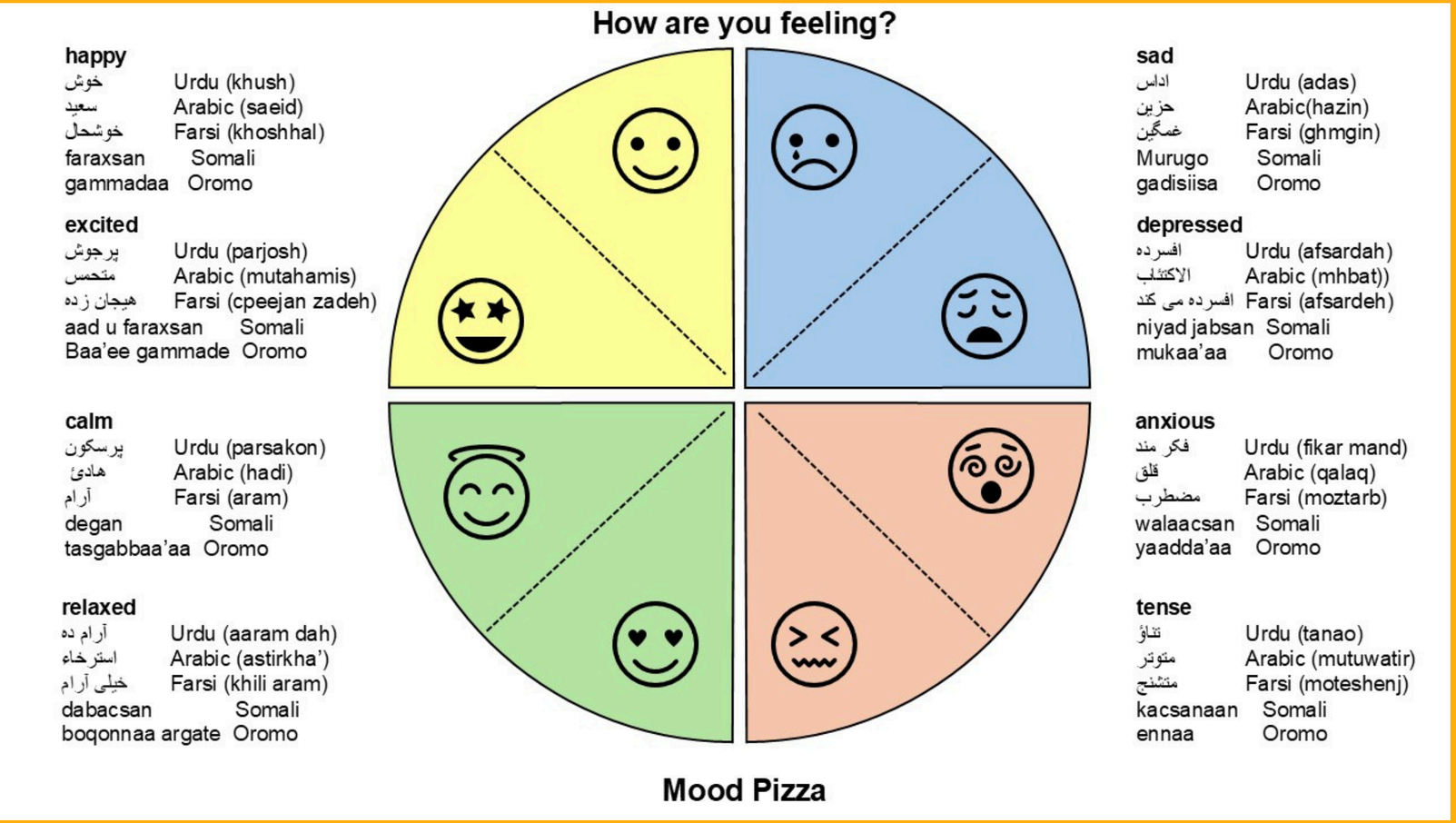
September	21
October	20
November	24
December	25
January	31
February	33
March	17
April	49
May	37
June	32
TOTAL	289

Monday weekly stand-alone sessions:-

February	10
March	4
April	10
May	10
June	21
TOTAL	55

Impact of Relax, Breathe and Sing

As the Thursday pain clinic hosted the RBS sessions just once a month, we only started to measure the impact of RBS in our Monday sessions that started in February 2025. We use this evaluation mood chart to find out how the women are feeling before and after each session



Impact of Relax, Breathe and Sing

Based on the responses from participants in other RBS groups, we were not sure if this method worked so well. We felt that the majority of women were not used to self-reflective practice and respond to questions about ‘how they were feeling’ before and after the session - perhaps giving us what they thought we wanted and needed to hear instead of this being a true reflection on how they themselves felt in their bodies and mind? However, from week 10 we noticed a change in reporting that may be happening by a growth in trust and increased understanding, confidence and enjoyment.

29	9 - 28.4.2025	Mood before	energy level	life satisfaction	Mood after	comments
30		calm	9	10	calm	
31		excited	6	8	relaxed	
32		excited	5	9	relaxed	
33		relaxed	5	8	relaxed	
34		happy	2	3	happy	
35	10 - 12.5.2025	Mood before	energy level	life satisfaction	Mood after	comments
36		excited	8	8	happy	
37		relaxed	2	9	happy	
38		depressed	3	4	happy	
39		excited	8	9	happy	
40		depressed	4	6	happy	

Impact of Relax, Breathe and Sing

1st Language	Nationality	Postcode	Date of Birth
Punjabi	Pakistan	S4 7BB	01.03.1952
Arabic	Yemen	S4 8HN	13.08.1959
Punjabi	Pakistan	S4 7BB	01.01.1951
Arabic	Syria	S2 4BL	01.02.1977
English	English	S4 7SP	28.11.1953
Punjabi	Pakistan	S4 7AZ	09.12.1957
Punjabi	Pakistan	S4 7AZ	15.10.1960
Punjabi	English	S3 9EH	
Urdu	Pakistan	S4 8LD	09.12.1959
Urdu	Pakistan	S4 8FL	22.10.1968
Bengali	Bangladesh	S4 7FD	03.07.1997
Somali	Somalian	S4 HC	15.05.1961
Urdu	Pakistan		
English	Pakistan	S5 7AL	09.03.1958
Arabic	Libyan	S4 7HE	16.05.1971

We have 15 regular attenders with an average age of 61 and majority in the 61-70 age range.

All the women are from the S3, S4 and S5 postcode area.

The majority of women are from the Pakistani community with Urdu and Punjabi as their main language.

We have two volunteer helpers. who assist with registration, completing evaluation forms, setting up the room and drinks table and help with clearing up. They are also active participants in the sessions and give us feedback from what they observe in sessions. Recently, we have also recruited two volunteer interpreters to help our Urdu and Arabic speakers. Most of the women in the group have no or little understanding of English and are not able to read or write in their own language.

What we are learning

- A high percentage of the women attending have little or no understanding of English therefore songs with lyrics have to be learned by memory, using call and response technique - this takes longer and our choice of repertoire is not as extensive as it is with other RBS groups
- Lyrics have to be chosen carefully so as not to create misunderstanding or making the women feel that they are singing content that they are not in agreement with (find 'impermissible')
- Approximately half of the number of women attending cannot read in English or in their own language - verbal interpreters have to be present if crucial information is shared
- The majority of the women attending have very little experience with music listening or making for pleasure. The content of the RBS sessions therefore had to be stripped back to the very basics of teaching vocal sounds, notes and rhythm. Harmony singing started to happen around week 14.
- Introducing a 'fun' chatty break in the middle of a session allows the women to open up and get to know each other. 'Fun' is also expressed by using instruments and kazoos.
- Ending sessions with a shoulder and back massage whilst listening to calming music or harmony singing seems to be appreciated. As the group is expanding, the women feel encouraged to massage each other's shoulders and backs
- the women enjoy singing in their own language and we are responding by translating English songs into Pashto, Urdu, Arabic, Somali and Swahili.

Feedback from Helen Lyle - RBS session leader

There are 4 main points to note so far:

Our relationship with the chronic pain clinic run has been completely central to our ability to recruit to the weekly group.
While growth in numbers of women attending has been slow, we have retained quite a few regular attenders for whom the sessions are obviously offering something they value.
Some elements of the sessions, like gentle exercise to music, are familiar to participants. The breathing exercises and especially vocal warm-up exercises and singing are much less familiar, or entirely unfamiliar. I feel this aspect is improving, helped by the recent arrival of volunteer interpreters into Urdu and Arabic.
The breathing exercises in particular are understood and valued for their relaxing, calming effects and their impact on lung function.
Finding suitable material for the group to sing has been my greatest challenge. There is no shared language and many have sung very little or never before. Through experimentation and consultation with colleagues and the group itself, we have found songs that are simple, flexible, fun as well as beautiful to sing. I have also translated song-words into languages that are spoken, which has felt important to engage individuals with the songs. There has been a significant improvement, beyond my expectations, in the ability of group members to sing in tune and in time and to begin to enjoy this activity.
The experience of getting this group off the ground and running has been a steep learning curve, but a challenge that has been very rewarding and I look forward to its continuation from September to December.

Feedback from the volunteers

Volunteer helper Sylvia Goring:-
I think the sessions are developing very well, a communal spirit is building up and the women are participating more. They seem to enjoy the latter half when they learn a song . When a different language is tried you can see some of them really engaging.

I personally enjoy chatting to the ladies when we hand out drinks and complete the evaluation forms, listening to their contributions and watching some of them increase in confidence to participate.

The sense of humour is emerging. I enjoy being an active participant in the sessions.

Volunteer helper Beverley Chan:-
The sessions are increasingly getting better as participants become more engaged and comfortable doing certain breathing and vocal exercises. Our small team does a splendid job in observing participants and adapting to new situations. The hardest obstacle is increasing the number of participants. Word of mouth seems to have been most successful.

I love being able to see the enjoyment that comes out of singing and the joy from having a safe space where the participants can relax and have fun. There is nothing I have not enjoyed!

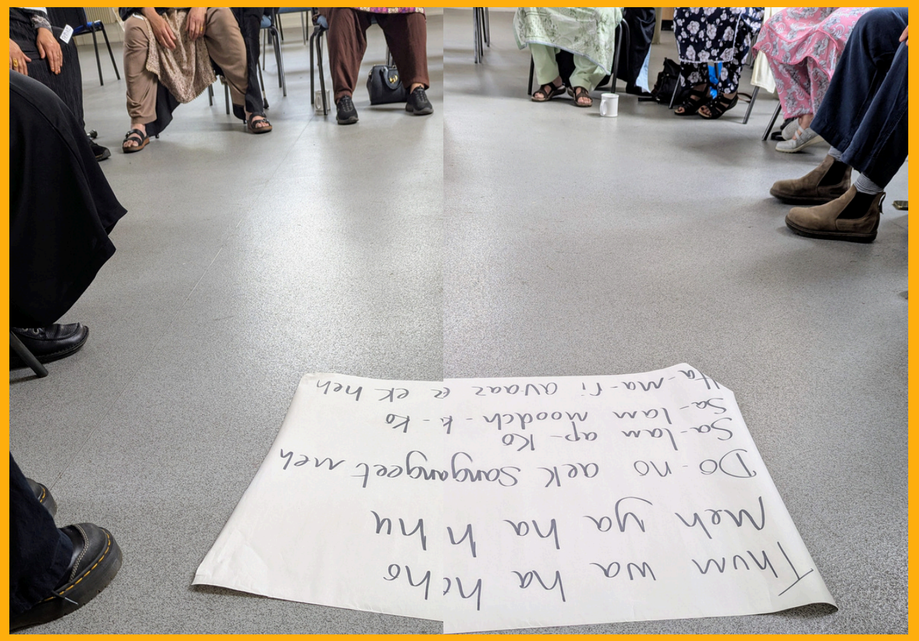
Impact pain clinics on GP appointments - monthly RBS sessions form part of the women-only pain clinic session

FOUNDRY PCN DATA 2024 CHRONIC PAIN GROUPS

Patients' usage of any GP practice appointments 5 months before, 2 months coming to groups, 5 months after, throughout 2024
57 patients identified as high service users
Before – 1400 practice interactions including 225 GP appointments
After – 455 practice interactions including 60 GP appointments
Equals = 73.33% GP appointment reduction

165 GP appointments difference = £6,930
NHS England says £42 for 10-minute GP appointment
Study group replicated across others referred to groups
Save 3000 appointments = £126,000 of appointments potentially saved

NB, the women-only pain clinic is one of 4 pain clinics commissioned by Foundry PCN, delivered by SOAR



Thank you for your support

Feel free to react and comment on our progress to date. The University of Sheffield has obtained NHS ethics approval and will start their research on 21st July to help us find out how the sessions are perceived, and how we can improve access and content to attract others in future. In our final report due in February 2026 we will share their findings with you.

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