

Sing and Breathe Salisbury

Music for Wellbeing CIC

Evaluation Report

November 2020

Evaluation of a year-long Singing for Lung Health programme in partnership with Friends of Salisbury Medical Practice and supported by the Postcode Community Trust.

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Evaluation commissioned by:

Friends of Salisbury Medical Practice and
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1. About Sing and Breathe Salisbury

Sing and Breathe Salisbury was a year-long pilot project to develop a social prescribing approach to supporting people with respiratory conditions through singing. Sing and Breathe Salisbury (hereafter SABS) was developed, managed and delivered by Liv McLennan for Music for Wellbeing CIC in partnership with Friends of Salisbury Medical Practice.

The project was designed with 3 main strands of activity:

Salisbury Breathless Singers: to continue and expand an established singing group for people with respiratory conditions in Salisbury.

Introductory Courses: a 6-week introductory course for people with respiratory conditions (taking place 4 times over the year) to introduce people to techniques for managing their breath. Course participants may then join the Breathless Singers if they wish and take part in ongoing group.

Outreach Sessions: monthly outreach sessions in the Salisbury area to raise awareness of SABS and Singing for Lung Health approaches amongst health professionals, community services and potential participants.

The pilot project aimed to complement existing social prescribing projects already promoted by Salisbury Medical Practice, to develop the SABS approach to helping people with respiratory conditions improve their ability to self-manage their breath, and to explore the potential of sustaining the project activities beyond the one-year pilot funding. All the project activities were planned to take place in community or healthcare venues in Salisbury. The project was financially supported by the Postcode Community Trust and benefitted from in kind support from the Bemerton Heath Centre (supported by Salisbury City Council).

About Music for Wellbeing CIC

Music for Wellbeing is a Company Interest Company established in 2016 by community music practitioners Liv McLennan, Kevin Plummer and Chris Cook. The company's work focuses on four main areas: adults with long term health conditions (particularly dementia and lung conditions), adults with learning disabilities, intergenerational music-making, and training for other community musicians and people who wish to incorporate participatory music-making into their work. They describe themselves as "passionate about the power of participatory music to enable change within individuals, institutions and in relationships between people".

SABS was led by Salisbury-based musician Liv McLennan who has been a community musician since 2008. Her work focuses on arts in health, in particular music and movement for people with long term health conditions (especially lung health and dementia), children and families in early childhood, and creative reminiscence in dementia.

Liv studied music at City University, Community Music at Goldsmiths College, holds a Certificate in Music Education: Early Childhood, and is currently a part-time doctoral student at Guildhall School of Music and Drama researching intergenerational music-making in care homes.

2. About Singing for Lung Health

Singing for Lung Health is a group-based arts and health intervention which aims to improve quality of life for people with chronic respiratory conditions through the self-management of breathlessness. A systematic

literature review of Singing for Lung Health (SLH) offers a definition:

SLH can be distinguished from participation in more generic singing activities by its focus on improving breath control and posture in relation to respiratory disease, using songs as tools for this purpose. These take precedence over the quality of singing produced and preparation for public performance, although efforts to improve the quality of singing provide an important impetus for ongoing participation.

(Lewis *et al.* 2016, p.6)

SLH developed comparatively recently out of *Singing for Breathing*, a pilot research project in 2007 at the Royal Brompton Hospital in London. Phoebe Cave (a singing leader and HCPC-registered music therapist) ran singing groups for inpatients as part of a clinical trial led by Dr Nick Hopkinson to explore whether singing could help people to manage their respiratory conditions. Since the initial Singing for Breathing project, Singing for Lung Health has become an established approach to improving breath-management for people with chronic respiratory conditions with groups now widespread across the UK. In 2014, the British Lung Foundation commissioned Phoebe Cave to develop a course to train singing leaders to use the techniques.

There is a growing body of peer-reviewed research into the effects of Singing for Lung Health (see Lewis *et al.*, 2016 for a systematic review of literature) in addition to wider research on singing activity for people with respiratory conditions (Lord *et al.*, 2012; Forbes *et al.*, 2018; Skingley *et al.*, 2018) and project evaluations (Clift, 2017; Lewis *et al.*, 2018).

Liv McLennan completed the British Lung Foundation singing leader training in 2017.

3. The impact of COVID19

SABS was originally intended to take place over one calendar year from September 2019 to August 2020. The

coronavirus pandemic and UK government lockdown restrictions from late March 2020 severely affected the second half of the project. The first and second introductory courses took place as planned in Nov-Dec 2019 and Jan-Feb 2020. The third course was due to commence in April 2020. During April and May Liv researched how to effectively provide singing activities online. After a period of planning and development, the third and fourth introductory courses took place online in June-July and Sept-Oct with a follow-on group for Breathless Singers participants meeting online from May to October.

4. About the evaluation process

Music for Wellbeing CIC (MfW) planned from the outset to commission an external evaluation of SABS and invited freelance Evaluation Consultant Nell Farrally to design and co-ordinate the evaluation process, including authoring a final report. The purpose of the evaluation was agreed to be:

1. Gather, collate and analyse data to enable judgements about the extent to which intended aims and outcomes are met.
2. Enable ongoing review, improvement and project development for the singing leader, MfW and Friends of SMP.
3. Provide a summary of key data, successes, challenges and learning from the pilot project for communicating with interested parties.

The evaluation approach combined several theoretical positions on evaluation:

Pragmatic, mixed methods – utilising whatever techniques are appropriate for the information needs of the evaluation through combining quantitative and qualitative data collection and analysis.

Collaborative – with “a substantial degree of collaboration between evaluators and stakeholders in the evaluation process” (Rodríguez-Campos and Rincones-Gómez, 2013, p.15). In a collaborative approach, the Evaluator’s role is to lead and co-

ordinate the evaluation, whilst fostering a collaborative ethos amongst those involved.

Outcomes framework – a document which makes explicit the outcomes a project intends to affect, indicators which could demonstrate the achievement of outcomes, and methods of collecting data for those indicators.

Illuminative evaluation – illuminative evaluation differs from outcomes evaluation in that it does not foreground pre-defined intended outcomes for groups or individuals but uses an inductive approach to capture the actual effects of the project. “illuminative evaluations are based on... the importance of understanding people and programs in context, a commitment to study naturally occurring phenomena without introducing external controls or manipulation, and the assumption that understanding emerges most meaningfully from an inductive analysis of open-ended, detailed, descriptive data gathered through direct interactions and transaction with the program and its participants” (Patton, 2015, p.207).

To provide a focus for the evaluation, 5 questions were developed to guide evaluation activities and provide a structure for data collection, analysis and reporting:

1. To what extent have the project aims and outcomes been achieved?
2. What factors have influenced the achievement of aims and outcomes?
3. What is most valuable or important about Sing and Breathe Salisbury to those involved: project participants, social prescribers, other healthcare professionals?
4. As a pilot project, how successful is the project structure and partnership, and what is the potential for developing and/or sustaining Sing and Breathe activities beyond the current funding period?
5. What are the key points of learning or reflection from the project?

When planning the evaluation, the intended aims and outcomes articulated in the funding application to the Postcode Community Trust were reviewed and revised to become:

Project aims

(the overall effect of what the project hopes to achieve)

To support and educate people with lung conditions in Salisbury to better manage their breath through singing.

Outcomes (changes which a project hopes to affect)

Project outcomes were grouped into 3 areas: outcomes for project participants / beneficiaries, outcomes for the local healthcare sector and outcomes for the project partners (Friends of SMP and MfW).

Outcomes for individuals – because of this project:

- People will learn how to manage their breath more effectively and efficiently.
- People will gain peer support and connection through attending, thus reducing social isolation.
- People will become more aware of other community-based health services they can access.

Outcomes for healthcare sector – because of this project:

- Local health services will become more aware of the benefits of singing for breath management.

Outcomes for project partners – because of this project:

- Friends of SMP and MfW will have increased understanding of the effectiveness of the pilot project model which can inform sustaining this project or developing further projects.
- MfW will have an increased profile with local healthcare providers and the wider arts and health sector.

MfW also anticipated that the project would achieve longer-term impacts such as enabling people to be more active and reducing their reliance on health services. It was agreed that any potential longer-term impacts were beyond the scope of this time-limited project evaluation.

It is important to state what the evaluation is not seeking to address and to acknowledge the limitations. Although Nell Farrally has a background as a registered nurse, she is not currently a registered health care professional.

The evaluation considers SABS as an arts and health project – it is not a clinical trial. The evaluation is not seeking to demonstrate measurable changes in clinical outcomes for participants and the evaluation methods are based on participants' perceptions and self-reporting. Data collection intentionally did not seek information about clinical indicators such as reduced use of medication or increased peak flow. However, where this kind of information has been offered by participants, it has been considered as qualitative data in the evaluation process.

The methods of gathering data for the evaluation process were:

- Participant registration form
- Participant end-of-course evaluation form and verbal questions (for introductory course groups 1 and 2)
- Participant end-of-course phone interviews (for introductory course groups 3 and 4)
- Discontinuing participants email questions
- Breathless Singers phone interviews
- Parish Nurse phone interview
- Respiratory Clinical Lead (Wiltshire Health and Care) phone interview
- Evaluator's observation notes.

Some changes to the evaluation process were made due to the second half of the project adapting for an online environment due to coronavirus. The main method of getting feedback from introductory course participants was a written paper evaluation form with tick-box closed questions and simple open-ended questions, in addition to the Evaluator audio-recording participants' responses to 3 verbal questions. The written and verbal questions were done when the Evaluator visited the penultimate or final session of each introductory course. To simplify this for the online groups 3 and 4, the written and verbal questions were combined into one telephone interview. Written/verbal questions or a telephone interview were requested from all introductory course participants. Out of a total 32 people who took part in at least one session of the 4 courses, 24 people continued attending to the final session of the course or took part in the majority of sessions. Of those 24 people, questionnaires/interviews took place with 19 participants.

Of the 10 people who discontinuing participation before the end of the courses, there was success at getting feedback from 2 of them.

Quantitative data are presented in tables and as percentages where they are relevant to the project outcomes and evaluation questions. Qualitative data were analysed using reflexive thematic analysis, an approach to identifying patterns and themes in qualitative data (Braun and Clarke, 2006 and 2020).

5. Who took part

Target participation numbers were set during the project development stage and were revised due to coronavirus. A summary of participant numbers are shown below.

32 Introductory Course Participants

16 Breathless Singers Participants

212 Outreach Session Participants

Up to March 2020, a total of 212 people had participated in face-to-face outreach sessions (significantly more than the target of 120 participants). The Breathless Singers had 16 participants up to March, 9 of whom took part in the online group from April. Out of the introductory course participants, 8 went on to join the Breathless Singers or the online group. Whilst the overall target participation numbers were exceeded, numbers for the introductory courses were lower than originally planned.

Introductory course participants were not asked to give their age during the registration process, although all but 4 course participants had retired from employment. The gender of participants was 5 male and 27 female.

The respiratory conditions people experienced included asthma, bronchiectasis, fibrosing alveolitis, and COPD. One participant did not have a respiratory condition but attended 3 of the introductory courses as a way to help her manage anxiety.

For courses 1 and 2 all participants lived in the Salisbury area. With courses 3 and 4 taking place online, some participants lived further afield. In group 3 there were participants from other areas of Wiltshire and over the border into Dorset. In group 4, one participant was based in Worcestershire. She regularly took part in a local Singing for Lung Health group who were not currently meeting online, therefore she had sought to join SABS online group. Group 4 was also attended by a USA-based physician with a speciality in interstitial lung disease and pulmonary hypertension. She attended the course to learn about Singing for Lung Health as she was interested in incorporating the techniques into her rehab workshops.

6. Summary of qualitative evaluation data

6.1 Participant registration form

The registration form was primarily a method of recording participants' contact details and obtaining consent to contact them for evaluation feedback. One question, however, was intended to capture information which would be used in evaluation: *What are your motivations for coming to this course?* The majority of people stated that improving their breathing was their motivation, for example:

Manage my asthma.
To improve my lung function.

Some people identified particular reasons for wishing to improve their breathing such as to help with singing for pleasure, for example:

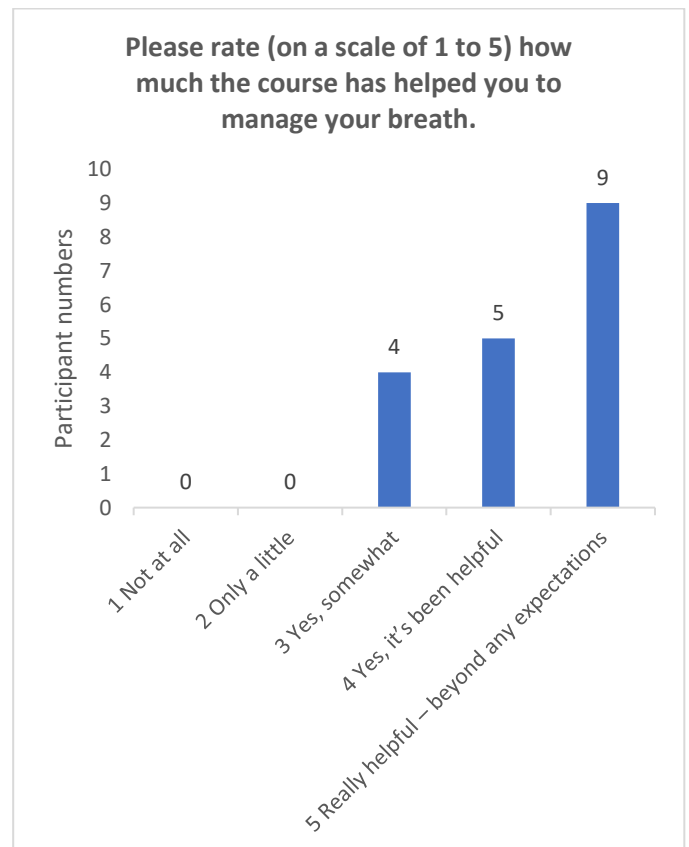
I want to be able to sing to/with my granddaughter. My voice is very croaky and I had no confidence in my singing ability.

A small number of people's motivations included reasons related to mental wellbeing:

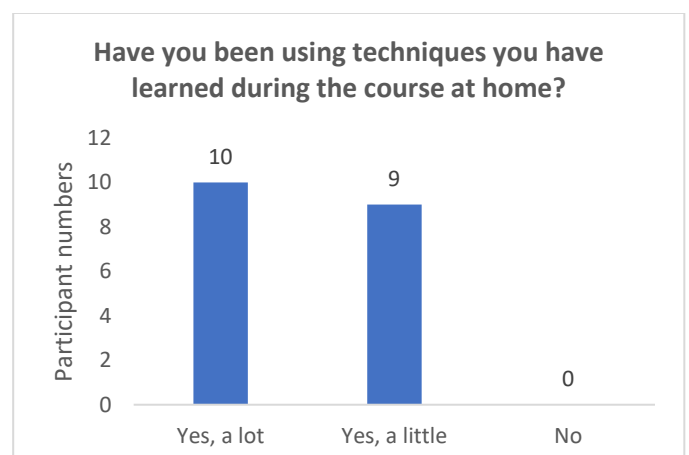
Improve mood.
Skills to help me manage my stress and anxiety.
Fun.

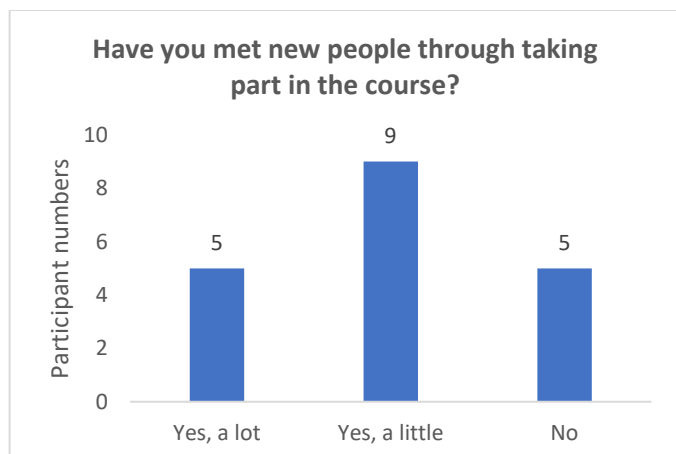
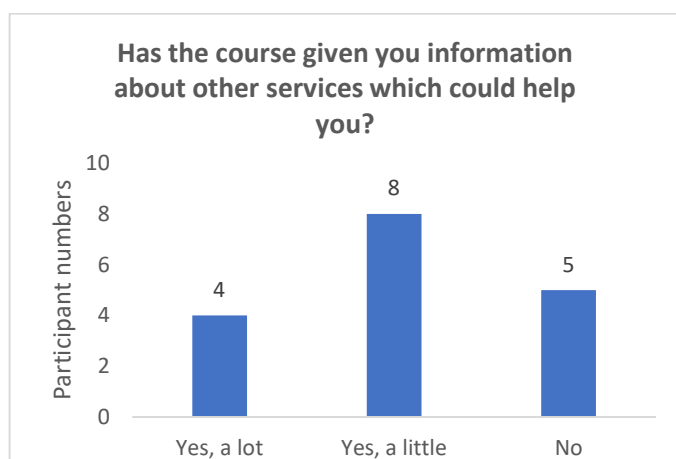
6.2 End-of-course evaluation form, verbal questions and phone interviews

There was a consistency in the questions participants were asked, even though the mode of questioning was altered for groups 3 and 4, therefore all the responses were collated and analysed together. Groups 3 and 4 were asked one additional question about the online format of the course and how they found the technological aspects of an online course. Although a total of 19 people gave some answers, not everyone answered all questions.



The first question above asked people to use a 5-point rating scale in their responses. Subsequent closed questions had 3 answer choices.





All the people who responded “no” regarding meeting new people were participants in the group 3 and 4 online courses. A follow-up question, *has taking part in the group provided social support for you?* revealed interesting responses. Amongst the group 1 and 2 face-to-face course participants only one person responded “no”, with all others stating that they gained social support, for example:

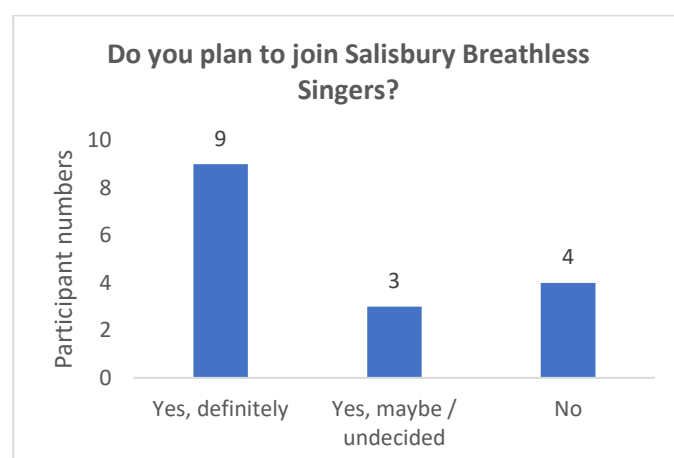
Yes. It's been reassuring spending time with lovely people who have similar lung conditions making me realise that it's not "just me", "I'm not alone" therefore resulting in me feeling not so isolated.

Amongst the group 3 and 4 online course participants, the pattern of responses was reversed. Only one person said they gained social support from the course, with all others feeling that taking part in an online course was not really meeting people and opportunities for social interaction were limited.

No, I'll be honest, but then that's probably because it's online – you don't build the same level of rapport with people.

To gauge the intensity of engagement in the course, participants were asked how many of the 6 sessions they had attended and if they had not attended all, what were the reasons. Out of the 19 people who responded to the end of course questions, 42% (n=8) attended all 6 sessions. 37% (n=7) attended 5 out of 6 sessions with the remaining 21% (n=4) attending 4 sessions. The reasons people gave for missing sessions were mostly due to pre-arranged medical appointments or due to not joining the course until the 3rd session. What these figures do not include are the 10 people who engaged briefly. Of these, feedback from 2 people was that their discontinuation was due to illness. There was not success at contacting the other people to who ceased to participate.

The final closed question asked people about their intentions to continue beyond the 6-week course and join the Salisbury Breathless Singers or, for groups 3 and 4, the online group which Liv provided from April 2020.



The number of introductory course participants who actually went on to join the Breathless Singers (prior to lockdown) or the online group was 8 people.

All the qualitative responses from the written questionnaire and verbal interviews were thematically analysed to group ideas together, spot patterns in the data, notice contrasting perspectives and to reduce the volume of data into core themes. This process produced the template on the following page which shows the vast wealth of material participants contributed to the evaluation. On the page following the template, there is a discussion of each group of themes with illustrative quotes from participants.

Motivations for taking part

Personal motivations for taking part were addressed for most participants
For some, personal motivations were ambitious, longer-term or not likely to be achieved in a 6-week timeframe.
Commitment to self-help strategies for managing health conditions

The role of singing in a Singing for Lung Health course

People's motivations and attitudes towards singing
A prior perception that singing is positive for health and mental wellbeing
For some, the fun and joyfulness of singing is one reason for choosing to take part
Experiences of singing during the course
Surprised to discover that they have enjoyed singing
Ignited or re-kindled an enjoyment of singing
Supported their existing/ongoing enjoyment of singing
People enjoyed singing *with others*

What techniques do people find most useful

Awareness of different ways to breathe
Belly breathing, deeper breathing
Controlling inhalation and exhalation (straws, huffing)
Relaxation
Awareness of posture

The actual benefits people report

Increase in peak flow
Reduction in use of reliever inhaler
Less breathlessness when walking uphill
Able to talk in full sentences without taking a breath in the middle
General benefit eg. "keeps lungs fitter"

Social aspects of SABS

Social interaction which could be from any group or singing activity
Fun and enjoyment
Connections with others and enjoyed meeting people from different walks of life
Social interaction in a health/wellbeing context
Understanding, empathy and solidarity with others who have respiratory conditions
Camaraderie and supportive atmosphere
Learnt things from talking to other participants
Not everyone was seeking social support – very independent or already have social support elsewhere
Far more people found social support during the face-to-face courses than in the online courses

Quality of life

Breathing techniques help to cope with daily life
Relaxation techniques help to cope with life
Improved mood
Some people are scared by their situation and symptoms – they find it reassuring to have ways to cope with symptoms
For those who previously enjoyed singing, the course has helped them to sing more

The need for SABS

SABS complements other services
Perception of services for people with very severe respiratory conditions but not for those with less severe conditions
Reinforces advice / techniques people have been given previously
Knowledge of breathing techniques is a revelation for some
Self-help strategies
A desire for, or acknowledgement of importance of, self-help strategies for managing long-term health conditions
Recognition that longer-term change is difficult and learning to change habits is hard
Weekly sessions give people the impetus to keep using what has been learnt
People are using the resources and links provided by the singing leader

Leadership and teaching style

Praise for singing leader
Pedagogical approach (good teacher, makes it fun, no pressure, good at explaining things, atmosphere created)
Personal qualities of singing leader (enthusiasm, kindness, uplifting personality)

Appreciation and satisfaction

Satisfaction with the content of the course – very few suggestions for improvement
The variety of content is appreciated – combination and balance of relaxation, singing, breathing techniques
Wish for courses to be more widely known about so more people can benefit
Appreciation of the singing leader's skill and the amount of work and preparation she had done
People are pleased they took part

Motivations for taking part

For most people, their personal motivations for taking part were certainly addressed. Comments such as these were typical:

I think it's helped with breathing in general.

Advised [to come] by [name of practise nurse] to help with my COPD. The course definitely helped me a lot.

I think it's been the most helpful thing that I've ever actually had suggested, done, or been supported with, because it's helped me with my breathing. It's also made me very conscious of not putting myself in situations that will make my COPD worse.

It has definitely helped to manage my asthma. There are days when I get a bit breathless just climbing the stairs which is – to me – ridiculous. I was in denial for such a long time that I had asthma. But then, just remembering the breathing techniques and using those muscles that you've isolated, you've learnt to isolate those muscles to help you managing your breathing. It does actually come into play in those situations.

There was, however, recognition from some participants that their motivations for taking part were unlikely to have been achieved with a 6-week course or were very ambitious, such as improving their breathing so they can take part in Taekwondo at a higher level.

People repeatedly used the term “self-help” to describe the course, both in terms of their own reasons for taking part and talking about how they believed the course could help many other people.

I think it's addressed them very well. It's always a shock when you suddenly find out you have a lung condition. And in one way, it's nice to know where you are medically, but self-help is always such a good thing, whatever your situation in health.... You may have a condition that you can't help deterioration, but self-help can maybe delay that.

I do feel that 90% of any illness or anything it has to come from yourself. It's no good just going to the doctors and him giving you the pills and you going back to the [inaudible]. I think life is what you make it. And so, anything you can do to enhance what you've got and how to improve it is up to you really. I really feel that. And definitely I'm so pleased I've joined the 6 weeks introductory course.

The role of singing in a Singing for Lung Health course

There were a range of attitudes towards singing amongst participants. For some, they had a prior enjoyment of singing which was part of their motivations for attending. One participant sang in a local choir and hoped the course would help her ability to sing with them. For another participant, writing and singing their own faith songs was very important to them. Some people revealed a prior perception that singing was beneficial for health and wellbeing. They expected it to be a fun and enjoyable experience.

Other participants discovered an enjoyment of singing through the course, or that the course had helped them to sing more.

Made me realise I like to sing.

I never thought I would be interested in any singing at all – but I am now. It's fun!

I have a very croaky voice these days... and I don't sing! I can't remember a song to sing one day and now they're just coming. They're coming into my head and I think – ooo, yes – I forgot that one.

I don't think the course has really helped with that [Taekwondo] although it has helped with other things. So, for instance, I've been learning to play the keyboard and I've been singing along with it and I've got better at the singing part.

Some participants commented that singing with other people was the enjoyable element.

I've really enjoyed singing with other people and I'm going to join the singers.

For others, however, the singing was not important to them, it was just a vehicle to improve their breathing.

What techniques do people find most useful

Everyone was asked, *think about what you have learned during the course. What has been most relevant or helpful to you?* What people found most useful fell into 5 groups: awareness of different ways to breathe, belly breathing/deeper breathing, controlling inhalation and exhalation, relaxation, and awareness of posture. For some people what they learnt was a revelation, and for one participant “life-changing”. The examples of comments below illustrate how people used the techniques and the great impact they had.

For me, I think it was the belly breathing... I just wasn't doing that. I was just desperately trying to get breath from the chest – it wasn't working. The more I was doing it... that's been going on for ages, so doing that belly breathing has really kind of helped me to learn when I'm in a bit of trouble, how to breathe and calm myself down and, you know, get a better breath. That was really, really important for me. Posture and the relaxation techniques as well. I think the belly breathing, the posture and all the different singing techniques... to sort of learn where your breath is coming from and how you can control it better.

I think for me it's the idea of the relationship between your in breath and your out breath and how you can increase the out breath. Understanding that and how you could manage it to increase the out breath I thought was quite helpful.

The breathing control. Absolutely. The ability to isolate the muscles that you need in order to control the out breath.

Managing the breathing because my main reason... it was that I do a lot of walking – puff like billy-o when going uphill. Now, in actual fact, I feel I'm now handling that situation far, far better. Much better than I was handling it before. So, yes, controlling how I breathe has been a vast improvement I would say.

Most valuable thing is the relaxation and the breathing techniques. They help me cope with my everyday demands – I'm a 24 hour carer for my husband – and he is not easy. I've been able to take a deep breath and walk away.

The actual benefits people report

Another open-ended question intended to understand how the course helped people was, *What has been most valuable or important about this course to you?* The

responses to this question covered a variety of themes, but repeatedly people talked about actual benefits they perceived, commonly an improvement in physical symptoms or an ability to manage their breathing using techniques they had learnt during the course. To reiterate, the written questionnaire and verbal questions did not specifically ask about clinical indicators such as peak flow or medication use. Some participants did offer this kind of information. The actual benefits people reported were categorised into 5 groups: an increase in peak flow, reduction in use of reliever inhalers, less breathlessness when walking, able to talk in full sentences without taking a breath in the middle and general benefits such as “keeps lungs fitter”.

Before I started all this, I used to stop in the middle of a sentence to grab my breath but now I can go the whole way without taking a breath.... And my peak flow on my peak flow metre has increased an awful lot. I'm now going just over the 400's – hanging around the 400's every time – where it used to be just over or just under 3, so, yeah, I think it's increased an awful lot. I'm glad I got in touch with Liv and I've actually learnt to breathe properly. It's something I've been doing for the last 67 years and I wasn't doing it right! [laughter] Yeah, I pleased I come.

I think it can be life-changing. I mean, I'm saying that because I just have asthma – it has changed my life. When I get out of breath when I'm talking... I've learnt how to just sit back, get my posture right, sit, take some deep breaths and some belly breathing and calm that down, and then all of a sudden I'm, you know, back up and running again. So, I do think it's absolutely worth its weight in gold.

I have two inhalers. One is a maintenance one, which is the Trimbaw, they call it 3-in-1. I have to take them two puffs in the morning, two puffs in the evening whatever happens – doesn't matter how I'm feeling – it a maintenance one. But I have one for any acute situation – it's in my bag just now – I carry it with me all the time. I have not used it since I started this. I haven't had to use it.

I've been doing lots of walking during the time of the course, still get out of puff going up hills but it's better.

I've found that, you probably heard me say – the COPD I have is that which borders between asthma and COPD. Since I've started this... it has taught me techniques that I'm absolutely certain have stopped me having either, a COPD incident or an asthma one – and I feel much better for it.

Social aspects of SABS

For several participants, the social support they found in the group was very important or valuable to them. There appeared to be 2 aspects to this – firstly, a general benefit of social interaction which could have been found in any social group or singing activity. People spoke of fun and enjoyment within the groups and of meeting new people who they otherwise would not have met. Secondly, however, there were many comments that showed there were particular social benefits of a group which was focused on supporting respiratory conditions. There was understanding, empathy and solidarity with other group members as they shared their experiences and knowledge with each other.

My asthma is mild but attending this course made me realise that it does affect me and it was good to meet others affected.

I did feel the support of everybody because everybody was really kind, you know, they've all got their issues and, you know, you just feel you were in a supportive group.

It's just good to know that there's somebody out there same as you.

It was great to meet the other people and, you know, we don't go a lot into each other's conditions and things like that because it's quite personal but, you know, it was obvious that there are people there wanting the same. And that camaraderie is a lovely thing as well. And it's very supportive and it makes you feel less scared. You know, I think, having people just helping you just makes you less scared and supported. And I think that, in turn, both physically and mentally puts you in a better place.

Meeting other people who were managing their own difficulties, bringing their own personalities, they've all been an inspiration as well as very nice people.

The camaraderie between participants and the supportive atmosphere which the singing leader fostered was also noted. However, not everyone was seeking social support course as they felt they were very independent or already had social support elsewhere.

The comments showed that far more people found social support during the face-to-face courses than in the online courses.

Not as yet... I think if we were doing it in an actual class, you know, face to face then I think that would be a lot easier to do. Because we're all, you know, spending our time listening, watching, participating, then it's the end of the sessions. Where normally if you were in a class you might hang around and just chat to somebody.

One person commented that they did not get the enjoyment of singing *as a group* with the online course as participants were muted to accommodate the audio-delay common in online communication. One person, however, did find social support from the online group. She appreciated the social contact through Zoom as she was missing her usual choir who had not met since March and were not doing online meetings as so many members were without internet access.

Quality of life

Several participants' comments were themed as concerning aspects of their quality of life. Relaxation and breathing techniques helped them to cope with life and they experienced improved mood from the sessions. A couple of people found their situation and symptoms "scary" and it was reassuring for them to have ways to cope with symptoms.

...when you're putting in a lot of energy into breathing, when you have a bad day, your mood is going to be quite low because your energy is being sapped. I certainly know that after I've done a session, for the rest of the day I am feeling uplifted.

For those who previously enjoyed singing, the course has helped them to sing more.

The need for SABS

Although the participants did not themselves use language about a *need* for the introductory course, there were many ways they spoke about SABS which could be categorised as fulfilling a need or that it was enabling

them to maintain their health. There was a gratitude that SABS provided a support service for them. There was a feeling amongst several participants that services were in place for people with very severe respiratory conditions but not for them, whose conditions were less severe. One participant (an online course participant from outside of Wiltshire) said that pulmonary rehab services which used to exist in her area were no longer funded and SABS filled a gap for her.

Another way that SABS complemented other services, was that the course reinforced advice or techniques that people had previously been given. There was a widespread desire for self-help strategies and participants generally seemed motivated to take action to manage their condition. One participant commented that changing ingrained habits such as poor posture, was difficult and a 6-week course was just the tip of the iceberg. Others recognised that weekly sessions were helpful to keep them motivated to use what they had learnt in between.

It keeps it at the forefront of your mind. You get given all these sort of exercises to do which lasts all of one week, and then you forget them.

Several people referred to the resources and links which Liv emailed to them each week. It appeared that people were making use of them and appreciated that they were provided, for example:

Liv's newsletters and emails and notes have been amazing, absolutely amazing. I've printed them off and I've got them on file.

Leadership and teaching style

There was a lot of praise for the singing leader from participants which fell into 2 categories: praise for her teaching skills and style, and of her personal qualities. There were many comments about Liv being a good teacher, that she was good at explaining things, that she created an unpressured atmosphere.

I think Liv herself is such... you know, she's so good at explaining things and very approachable and friendly and encouraging.

There was a lot of appreciation of Liv's personality and how she made the course fun.

I did tell her that she's a charming person – she brightened our days. Yes. Her personality engages you – makes you want to do it.

She really has that kind of uplifting beautiful personality which people really warm to. And it does come across online as well.

Liv was amazing. I think she's got just such a lovely disposition about her. Very informative and a lovely gentle and smiley way about her. And you can't actually help but feel just a whole lot better just by being part of the group and her kindness. She's absolutely lovely and I think she delivered it just beautifully and took everybody into account. She was never just focussing on one person, she was very aware of us all.... She was wonderful with her skills, amazing.

Appreciation and satisfaction

The final theme from the questionnaire and interviews was how much people appreciation and satisfaction people had for the course.

I really hope it does continue because I think, you know, it's sure an honour to be able to have something like that in our area – to be able to take part in that. Thanks whoever! For giving us her time and whoever has allowed it to happen.

The nice thing is that I think she has done a lot of preparation and so there is a good variety of things for us to do and far as exercises and singing and body relaxation. All of that sort of thing I think she covered very well. She did it – the percentage of time that we spent doing those sort of things – again she's thought about that carefully and got a good balance I think. I never felt I've got to look at my watch to see how much longer have we got to go – when I looked at my watch it was "oh my god it's nearly time to go". And that always tells you whether something's been good or not doesn't it? [laughs].

There were very few suggestions for improvement, which were relatively minor niggles. One person found singing in a round difficult and would have preferred not to do that. Some felt that the course should have been more widely known about – but out of a wish for more people to experience the benefits.

Online course themes

Online course participants were asked an additional question about the online format. Clearly, all participants had access to the internet and digital devices at home to take part, but within that, there was a variety of experiences of using online communication platforms. For some, they had been very familiar with using IT at work before they retired. Others had become confident at using Zoom more recently with family or for online church services. Some people had used Zoom for the first time during lockdown but had “got the hang of it”. People appreciated the opportunity to do the course online, but many would have preferred a face-to-face group and would have found face-to-face sessions more sociable. Being online increased accessibility for some. One participant lived in a neighbouring county and said she would not have travelled a 40 minute drive to Salisbury to do the course face-to-face. Another participant joined as she was a member of a Singing for Lung Health group in Worcester who were not meeting online during lockdown. She was very appreciative of taking part, particularly as it removed the need for her to travel, particularly in cold weather which is detrimental to her breathing. People recognised that many others who could benefit from the course do not have access to online activities, and this was a concern for them.

6.3 Discontinuing participants email questions

During the registration process, participants were asked to give written consent to take part in the evaluation and they could opt in or out of being contacted by the evaluator should they decided to discontinue participating before the end of the course. Although the majority of participants consented to be contacted, only 2 people responded to requests for feedback. In both cases, the participants had discontinued taking part due a deterioration in their health.

6.4 Breathless Singers phone interviews

The evaluator took part in one online session provided for the Breathless Singers members and subsequently did phone interviews with 4 members. The questions

were similar to those asked of the introductory course participants and the interviews were thematically analysed in a similar process.

Out of the 4 interviewees, 2 had been members of the Breathless Singers for 3 years, with one person a member for 2 years and the other for 18 months. Their contributions to the evaluation were coded and generated themes which matched the analysis of the introductory course themes. All 4 interviewees spoke of how the techniques improved their breathing, both in a generally way and more specifically such as when walking or by their increasing peak flow.

3 years ago, before I went to these sessions I couldn't get up in the morning, make a cup of tea and walk upstairs without stopping. I can do that easily now. To give you an idea of how much I have progressed – this morning I went for a 4 mile walk that included quite a few hills. When I started going, hills and steps was a no-no for me – there was no way that I could have done that.... I can do those things now. I can't do those things as well as I'd like to, but I can do them a good deal better than I ever could before.

For me, it's great.... I think it helps my lungs, definitely. I think they feel stronger and less fragile. I'm on medication and I'm doing nebulisers as well – there's a whole raft of things I have to do to keep it going. I do feel stronger with doing the singing and breathing and I've noticed in the lockdown when I haven't been doing it, that I've come back a bit more croaky and I'm not as strong.

In addition, all members offered examples of how they use the relaxation and breathing techniques in their daily lives and how it helps them, including improving their mood.

If I wake up in the night and I can't get back to sleep – I lay there and I take deep breaths and that eventually gets me back relaxed and into a sleep.

I know that when I was short of breath before, I used to try to force the top of ribs open but now I know that I have to breathe down to my stomach, so it's made me more conscious of good breathing techniques. So, if it's cold or if I'm climbing hills, sometimes I'm consciously doing the techniques that I've been taught, so I think that it's benefitted me in terms of my breathing.

I'd really missed not being able to sing [during lockdown] and I was really pleased to have the opportunity to carry on both for the singing – because there's a joy from the singing – aside from the breathing and so on. I think it is good for relieving stress, it's good for making you feel happier – and with COVID looming over us it was a time when we could have done with that sort of beneficial effect.

What was notably different about the Breathless Singers interviews compared to the introductory course participants, was the vehemence with which they spoke of the social support they get from other members and how much fun and enjoyment they get from the group.

I've met people I've never... met before. All walks of life sort of thing, you know.... I never thought I'd have met so many people and become friends with them. That has been another big plus.... It's like a big family – everybody likes everybody else. The whole group of people are good fun. We can mickey-take [no one] never takes any offense, that's what helps. And a lot of that is down to Liv because Liv is such a bubbly character it all sort of rubs off.

I'm not musical at all and the first couple of sessions I thought – oh gosh... I don't know if I can do this, because I felt a bit out of my depth, even though it is very basic and easy once you get into it. But eventually I thought, no, they're such a friendly group and I could join in quite easily I thought I've got to keep going. It took me out of my comfort zone quite a few times, I have to say. And still does from time to time but I'm nowhere near as bothered as I used to be. Because I finished work and I was feeling a bit isolated, and also kind of having a lung problem that's a bit different to everyone else's, I felt a bit stuck out on a limb – but now I don't. You've got part of a group. It's helping mentally, emotionally as well because when you're not very well sometimes, you get the support of other people there – and having a good time and a good laugh.

People spoke of how the social support of the group had been particularly important during lockdown and for people experiencing difficult circumstances such as social isolation and recent bereavement.

Yes, I think there are more general benefits in terms of including and providing a social network for people who weren't part of one before. And even now, one of our ladies has quite serious chest complaint and she hasn't been logging on to sing... [during lockdown] but we've been keeping in touch with her, so we speak on the phone

occasionally and I know other people... she lives on her own, her son is abroad, she doesn't have a big network of people and I think she enjoyed coming and it helped her to know that we're there. We look out for each other.

I know one of our group... she started coming with her husband who had a serious lung condition... and sadly he died last year. But... [she] has asthma as well, and though she was coming for his benefit, she's continued to come and we've helped to support her after [her husband] died. She's become good friends with various other people in the group.

To be honest I think it is the social aspects of people who support each other, particularly through COVID. We've set up a What's App group. One of the singers is looking after her husband – he's disabled and she doesn't have carers and she's been quite down sometimes and we've been able to talk to her and the people in isolation, we've been able to cheer up and chivvy along. And for me, because I wasn't brought up in Salisbury, we moved her a couple of years before I retired so it's been really valuable having this network of new friends. So, lots of benefits, but personally for me the social benefit is most valuable. Now that I've learned to breathe properly of course!

All 4 interviewees also spoke of the qualities of the singing leader and appreciation of her commitment to the group and her care for the members.

...Liv... as far as I'm concerned, she's irreplaceable. It's the way she leads us and makes us work hard, but also draws us together and you know, everybody loves her to bits and so, we want to be there and show her that we're working hard so, that's the value.

Liv is really brilliant. She has stuck with us. She's put a lot of work into the group... and she's really supported us and kept us going.

Although some were initially apprehensive, people appreciated the opportunity of an online group during lockdown. There was variation in people's experience of online communication: one member was completely reliant on her husband to set up Zoom for her, whilst another was very confident, having used Microsoft Teams for meetings for her voluntary role as a school governor. People missed singing together face-to-face but found value in the online sessions.

It doesn't replace the face-to-face group, because that is so much nicer. However, because of the circumstances it's done a very good job as a replacement – otherwise we'd have had nothing.

It does have its shortcomings – sometimes you get a second delay, so you're singing and you find you're slightly out of pace with Liv or some of the others, but I think it's well worth it and I think the moral support – the joy of seeing other people's faces in the group is a really positive thing. If we're stuck at home not seeing people – a number of the group members are in isolation – I'm actually in isolation myself because my husband's due to have an operation so I'm in isolation probably for the next month or two. So that social contact becomes even more important.

Obviously, it's not the same, we're not all in the room together, however, I think we've all become accustomed to the fact that we're online. We can all see each other which is nice.... They're certainly not, the online sessions, are certainly not a lesser version of the face-to-face sessions. If anything, we're probably working as hard because we haven't got time to mess about – Liv can mute us straight away so we can get on with it.

6.5 Parish Nurse phone interview

The online introductory courses were attended by a parish nurse who provided additional health education advice to participants. Her involvement was not planned at start of the project but developed from a chance meeting when the singing leader attended a multi-agency meeting. A parish nurse is a registered nurse employed by a church to provide holistic care to the community, which encompasses people's spiritual lives. Parish nursing has a longer history in the USA but is becoming more common in the UK. The parish nurse employed by the Grace Church Salisbury & Amesbury is a relatively new part-time role and is intended to complement NHS services. The current post-holder also works part-time as practice nurse with a specialism in respiratory conditions. The evaluator did an online interview with the parish nurse at the end of the 4th introductory course.

The parish nurse said that she had signposted a few of her clients to SABS but none had actually taken part. She was also hoping that through her supporting the course,

she might welcome new clients for her service, but as yet, that had not happened either.

She spoke about how it was good to have the SABS course to be able to refer people to, particularly as pulmonary rehab was not currently possible. She commented on the benefits of the course which she had observed amongst the participants in the online courses.

I noticed on the first course that I was involved in, some people are using a lot of accessory muscles up here to breathe, and Liv kept saying no, use your tummy. And through the course, and actually I think I've noticed in this course as well, people are breathing much more effectively, diaphragmatically, towards the end of the course. You can see it – and they're much more aware of it as well.

The parish nurse had gained greater understanding about the relationship between diaphragmatic breathing and singing techniques, which had been useful to her. She spoke highly of the singing leader's warmth and encouraging manner. She hopes there will be more opportunities to work with SABS, to support more courses and for mutual signposting for people.

I think the singing part of it, actually it releases endorphins, it helps with the whole aspect of health, so, with parish nursing it's very much whole person healthcare – so it fits beautifully.

6.6 Respiratory Clinical Lead (Wiltshire Health and Care) phone interview

To also consider the outcomes around local services' awareness of Singing for Lung Health and Music for Wellbeing, the evaluator did a phone interview with Wiltshire Health and Care's Respiratory Clinical Lead practitioner who is based in Wilton, Salisbury but provides services for a much wider geographical area. She was aware of the introductory courses and felt that the singing leader had communicated well with her, letting her know when new courses were starting, the move to online sessions, and how she could refer participants. She spoke about how she had visited a Breathless Singers celebration event some time ago, so she had a good understanding of what was involved.

The Respiratory Clinical Lead spoke about how she had referred several of her patients to the SABS introductory courses, but she did not know how many had chosen to participate. Her role covers a wide geographical area, so travelling for a face-to-face group in Salisbury was not possible for some. Many of her patients had very severe end-stage illnesses and the course was not suitable for them. She said that some people she spoke to about the course felt that singing was not for them, so they did not seriously consider it. The idea of singing was a barrier to some people, although she noted how Liv made the courses accessible.

I think one of the greatest aspects of it is Liv herself in the fact that she's so approachable, she's so... makes people feel at ease, and encouraging – that's the feedback that the patients... [give me]. It's light and it's not as formal, as official... sometimes people, when you say singing, they either think of old school days or church choirs – you know, very formal, traditional... whereas this is more about having fun and just thinking about how you're breathing, and exercises and tips and techniques that can be beneficial.

She had heard good feedback from her patients who had taken part, including:

She... said how much she'd enjoyed it and how it just made her think about her posture, how she feels about her shortness of breath – from an anxiety side of things. All positive.

She was concerned about how many potential participants are excluded from online participation due to a lack of access to the internet, and she welcomed initiatives that supported people who were not online and was aware of how Liv was trying to involve them.

6.7 Evaluator's observation notes

When the evaluator visited a session for each of the 4 introductory courses (in person for groups 1 and 2 and joining in online for groups 3 and 4) she made observation notes and wrote down some verbatim quotes of things people said which were relevant to project outcomes. These notes do not reveal anything which is additional to the accounts participants have given, but they offer methodological triangulation to the

self-reported perceptions of participants, and confirm some of the benefits: the social benefits, that people are learning new techniques, they are using them outside of the course sessions and are reporting improvements in their breathing.

The observation notes document a camaraderie between participants in all of the groups. The light-hearted nature of the activities are noted and how participants responded. Some examples of entries in the notes:

There is lots of laughter with the straws exercise. J. says: "surprising how long your out breath can go on for. When the giggles take over it's quite difficult!". People are actively discussing the techniques and how they found the activities: "it feels better this time".

There's an opportunity to chat at the start of the [online] group. "Ah, friends" someone says when another person joins. There's jovial chat about going to the hairdressers and who has got an appointment booked [the session is taking place on the first day after hairdressers are allowed to open after lockdown]. Everyone is greeted personally by Liv.

The notes contain the evaluator's observations about how the course works in an online environment.

People are getting individual guidance from Liv. It works with a small group. If a larger group, that wouldn't be possible – wouldn't be able to see where people are taking a breath.

This comment echoes notes made from the visits to the first and second face-to-face groups: that a group of 6 participants feels like the right number, in terms of the social dynamics of the group, the size of the room and the individual attention Liv can give to people to ensure they are mastering the techniques. This was an important observation to document as the number of participants for each course was significantly higher in the project plans (10 to 15 for each course).

The notes contain some verbatim quotes of things people say to Liv at the end of an online session:

Thank you Liv. It's been revolutionary for me. Helped me with my breathing. I think you deserve a medal.

Thank you very much. It's made me much more aware of how I'm breathing. Now I'm trying to translate it when I'm walking up a hill. I find it difficult breathing through my nose. Since doing this course I have been leaving it aside [meaning her blue inhaler].

7. How does the data and evidence address the evaluation questions?

This section of the report returns to the questions the evaluation process set out to address. Each question is considered in light of the data summarised in sections 5 and 6.

1. To what extent have the project aims and outcomes been achieved?

Judgements about the achievement of the aims and outcomes were initially drafted by the evaluator and, consistent with a collaborative evaluation approach, also received input from the singing leader and Friends of Salisbury Medical Practice.

Outcomes for individuals – because of this project:

- People will learn how to manage their breath more effectively and efficiently.
- People will gain peer support and connection through attending, thus reducing social isolation.
- People will become more aware of other community-based health services they can access.

For participants who took part to the end of the introductory courses, the first 2 outcomes above were strongly achieved. The interviews and questionnaire responses show a wealth of evidence that people learnt to manage their breath through participation in the course which, for some, brought great benefits to their health, wellbeing and quality of life. Both introductory course participants and Breathless Singers members (who had a much longer experience of Singing for Lung Health techniques) were utilising what they had learnt in their daily lives.

The peer and social support participants received through meeting new people and making connections

with others who empathised and understood their situation, was another strong success of the project. People spoke of social isolation which was particularly acute because of coronavirus. Adaptation of the groups to take place online was hugely appreciated and did play a role in reducing social isolation for some. However, comparing the evaluation contributions from the face-to-face groups with the online groups (and the comments from the Breathless Singers) it is clear that the social support aspect of SABS was far greater with a face-to-face group.

The evidence for achieving the third outcome above about awareness of community-based health services was not as strong. There were some recollections of signposting from participants, and they appreciated the course material and resources, but the impact of this aspect of the project was less than learning the techniques themselves and the social support gained.

Outcomes for healthcare sector – because of this project:

- Local health services will become more aware of the benefits of singing for breath management.

The key professional in the local area, the Respiratory Clinical Lead, had a good awareness of Singing for Lung Health and of this project. She referred her patients to the courses and received direct feedback from SABS participants that they benefited. Apart from the parish nurse, the evaluation process has not collected any evidence that this awareness has reached any further amongst health services. The outreach sessions were attended by a large number of people and were reported by the singing leader to have raised awareness of the project, but no feedback was sought from the session participants.

Outcomes for project partners – because of this project:

- Friends of SMP and Music for Wellbeing CIC will have increased understanding of the effectiveness of the pilot project model which can inform sustaining this project or developing further projects.
- Music for Wellbeing CIC will have an increased profile with local healthcare providers and the wider arts and health sector.

At the time of writing this report, the impact of the project and the learning which can inform future work between Friends of SMP and MfW, is an unfolding process. Music for Wellbeing, however, has already secured funding from Wiltshire Community Foundation for further online Singing for Lung Health courses which are available to participants from across Wiltshire, including the Salisbury area.

Once this report is completed, sharing summative evaluation findings publicly is an opportunity to increase MfW's profile amongst the arts and health sector. There are several ways that MfW could maximise using the SABS evaluation to achieve a greater profile such as submitting the evaluation report to the Repository for Arts and Health Resources, submitted proposals for conference presentations or submitting journal articles.

2. What factors have influenced the achievement of aims and outcomes?

Clearly coronavirus was a significant contextual factor which had great impact on how the project could be delivered and the achievement of several project outcomes. The ability of health services and professionals to engage with a non-statutory activity such as SABS was severely limited by the pandemic. The move to online only activities proved successful, but was not accessible to all potential participants. Online groups reduced the potential for participants to benefit from social connections and support from their peers.

The signposting to other community services was not a strong element of the project, but needs to be considered in the context of: what appropriate services are there for SABS participants? People spoke of services which used to exist no longer being available, and of services being targeted at people with more severe lung disease. SABS appeared to be the service to which people were signposted.

Course participants, Breathless Singers members and the healthcare professionals who contributed to the evaluation, all recognised the commitment of the singing leader, her hard work, and her personal qualities which

contributed to the success of the project and the positive benefits which participants reported.

3. What is most valuable or important about Sing and Breathe Salisbury to those involved: project participants, social prescribers, other healthcare professionals?

For participants, the most valuable aspects of the project were acquiring techniques which improved their breathing and helped them to cope with their respiratory condition. Equally, the social support people found from the groups was greatly valued by participants.

Healthcare professionals appreciated having an activity which was appropriate to refer their patients to, and they were clearly confident about the quality and impact of what SABS offered.

The evaluation has not sought contributions from social prescribers, however, given the new roles of "Link Worker" in Wiltshire which have developed during the time of the SABS pilot project, connections could be explored in future work.

4. As a pilot project, how successful is the project structure and partnership, and what is the potential for developing and/or sustaining Sing and Breathe activities beyond the current funding period?

Given the strong evidence in this report of the benefits of Singing for Lung Health the participants have experienced, and Music for Wellbeing's effective delivery of the project, there could be great potential to demonstrate a need for more SABS courses and follow-on singing groups – both in the Salisbury area and further afield. This evaluation provides evidence of need and the benefits which could be used in funding applications. SABS could have a much wider reach than just Salisbury, therefore, a partnership or relationship with health or social prescribing commissioners at a higher or more regional level than Friends of SMP, could be beneficial to further Singing for Lung Health activity.

One participant expressed concern that respiratory rehabilitation services would now be focused on coronavirus rather than people with existing respiratory conditions. The focus of services on the long-term effects of coronavirus, both the medical and social impacts, provides an opportunity for Music for Wellbeing to help more people, if appropriate funding or commissions can be secured to support more activity.

5. What are the key points of learning or reflection from the project?

Singing for Lung Health is an extremely effective non-clinical intervention for particular people: those who motivated to take part in activities which they commonly perceive as “self-help” strategies, those who are able to travel to face-to-face groups or have internet access and technological skills to take part, and those for whom the idea of singing is not an insurmountable barrier.

This project evaluation should give Friends of Salisbury Medical Practice and Music for Wellbeing the confidence that SABS is a worthwhile project to receive support and could be appropriately included in social prescribing activities.

Course participants wanted SABS to be more widely known about so others could receive the benefits they had experienced. The reflections of the singing leader were that marketing projects and recruiting participants is extremely consuming and resources for a dedicated project co-ordinator would have helped.

Considering SABS success as a pilot project, the project has been effective at developing the courses to meet the needs of those who chose to participate and achieve the intended outcomes. The singing leader’s description of the developments neatly sums up the progression of MfW’s Singing for Lung Health work: it has developed a “micro” project into a “small” project. To develop further beyond a small project, more resources are needed to have more infrastructure support for the singing leader to focus on delivering the courses.

Although the development of an online course was not originally planned, the singing leader has readily

expanded her knowledge and adapted the course to cope with the circumstances created by coronavirus. This was possible due the flexibility of the project funder, the skills of the singing leader and her commitment to the project.

Although there were a good number of people who took part and relatively low numbers who ceased participating in the courses, the numbers who progressed to the ongoing Breathless Singers groups were lower than anticipated. People’s reasons for not joining the ongoing group were varied. For some it was practical – they were of working age, and whilst taking one hour out of their working week for a 6-week course was possible, taking part in an ongoing daytime group was not. Others did not wish to take part in a group at a different venue which was further afield. For some, they achieved what they hoped for within the 6-week course.

8. Recommendations

These recommendations are offered for Friends of SMP, Music for Wellbeing and the singing leader to consider for future work.

For further online courses, consider if there are techniques or activities which could enhance social connections between participants.

Consider if more can be done in course marketing and information which would encourage people who consider that singing is not for them to participate.

For future project design and funding, continue the small groups of around 6 participants and revise downwards the numbers of course participants projects aim to reach. 10 to 15 people in each course may have been overly ambitious given the size of the rooms used for the courses and for participants to receive individual attention.

A more formal referral process than passing on leaflets could be considered to keep track of potential participants who need further support to participate. This could be something which could naturally develop if SABS can tap into local social prescribing frameworks.

9. Conclusion

When considering standards of evidence for Arts and Health evaluation it is important to recognise that this is a project evaluation based largely on participants' self-reported qualitative data. However, the evaluation shows positive benefits for the majority of people who engaged with the project and that the number of participants who did not complete their introductory course was low. When considered alongside some of the peer-reviewed research into Singing for Lung Health, the evaluation findings from self-reported qualitative data do show the value of Singing for Lung Health approaches in general, and the Sing and Breathe Salisbury project in particular.

The project was effective at meeting the project aims and outcomes, and very strongly so for the outcomes around improving people's ability to manage their breath and providing social and peer support.

The coronavirus pandemic created unforeseen challenges for Music for Wellbeing but the singing leader adapted well and the move to online activity was greatly valued by the groups.

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