



**CONNECTIONS BETWEEN CULTURE,  
HEALTH AND WELLBEING IN TORBAY  
ARTS ON REFERRAL PILOT PROGRAMME 2016-18**

**SINGING AND RESPIRATORY CONDITIONS  
STRAND CASE STUDY**

**OUTCOMES FROM A 12-WEEK  
SINGING FOR WELLNESS INTERVENTION**

**TORBAY CULTURE**

BECAUSE IT MATTERS | EST. 2015

## Summary

Torbay has an ageing demographic and an increasing number of people living with chronic respiratory conditions, who are often at risk of social isolation and depression. While the majority want to learn how to self-manage their condition, exercise based options e.g. traditional pulmonary rehabilitation (PR) are a barrier to some, with associated high drop-out rates of approximately 50%\*. Singing for Wellness was an open opportunity targeted at people diagnosed with chronic obstructive pulmonary disease (COPD) or another chronic respiratory condition. Seven choirs ran weekly in community venues over a 12-week timescale, attended by a total of 66 individuals. Attendance was high; over half saw a positive shift in wellbeing; and for those attending two 12-week cycles, over half saw a downward shift in breathlessness.



## Detail

This bio-psychosocial intervention was run as an adjunct to traditional PR. Two Singing for Wellness choirs comprised participants coming through clinician referrals, mostly via Torbay & South Devon Hospital Respiratory Team, and five comprised participants (who did not necessarily have a diagnosis) self-referring from advertisements in GP practices and community venues such as libraries. Each choir was delivered by local vocal practitioners and musicians: either by Wren Music or a small consortium of independent vocal practitioners from the Torbay Culture and Arts Network. The format included warm-up and breathing exercises, group singing and the opportunity for social connection over refreshments.

Evaluation comprised baseline and end of cycle data collection in respect of the Warwick Edinburgh Mental Health and Wellbeing Scale (WEMWBS) and MRC Breathlessness Score, along with gathering qualitative evaluation responses from participants, practitioners and clinicians.

Full data collected for 30 individuals attending an initial 12-week cycle showed an average attendance of 84%, with 53.3% of participants showing a positive shift in wellbeing and 43.3% showing a significant shift of three points or more in terms of the WEMWBS measure. Comparison over time data available for 13 individuals attending two 12-week cycles showed a 53.8% downward shift in breathlessness on the MRC Breathlessness Score.

Key aspects contributing to the success of the intervention were having:

- a shared understanding between clinicians and practitioners in terms of both medical and musical aspects of the intervention
- sufficient referrals of appropriate participants
- facilitation by highly skilled vocal practitioners, who supported participants in co-producing sessions
- opportunities to develop social connections, a sense of agency, enjoyment and community spirit
- an appropriate and accessible venue
- refreshments provided
- take-away breathing exercises to do at home

***'It has helped me to be more confident learning to take a deep breath and be able to sing. It has helped me breathe better. You have to help yourself, you can't sit back and expect it to get better.'***

Participant

\*<https://www.torbay.gov.uk/health-and-wellbeing/care-and-support-providers/mps/current-and-predicted-need/population-overview/> <http://www.torbay.gov.uk/DemocraticServices/documents/s50293/JSNA%20Appendix%201.pdf>

Participants' feedback evidenced their better physical health and increased mental wellbeing; increased self-management and agency; increased confidence, social connection and support; and transference of skills to home and other environments and activities.

**'Making music with others always enhances the quality of life.'**

Participant

**'I have thirteen stairs and a landing at home, and now I can get up to the top of the stairs – not running up them like you could – but get to the top without having to stop or be in pain. I could only get to the third step before.'**

Participant

FACT FILE		
Purpose	To address the physical and mental health and wellbeing needs of people living with chronic respiratory conditions	
Aims	To explore whether singing is a useful way of supporting people in Torbay to self-manage aspects of their COPD and associated social isolation To investigate whether a model of bespoke respiratory community choirs provides a useful service for our community	
Artforms used	Music (specifically singing)	
Project Partners	Torbay Culture Torbay Council (Public Health) NHS South Devon and Torbay CCG	Torbay & South Devon Foundation Trust ICO Torbay Community Development Trust Torbay Culture and Arts Network
Funders	Arts Council England and the Health Foundation	
Artists	Wren Music Hugh Nankivell with Emma Welton and Billie Harbottle	
Participants	66 people diagnosed with chronic obstructive pulmonary disease (COPD) or another chronic respiratory condition	
Location	Torbay	
Dates	Weekly sessions over 12 weeks during	
Outcomes	Positive shift in wellbeing and downward shift in breathlessness. Increased self-management and agency; increased confidence, social connection and support; and transference of skills to home and other environments and activities.	
Evaluation	Warwick Edinburgh Mental Health and Wellbeing Scale (WEMWBS) and MRC Breathlessness Score. Qualitative self-report, focus groups and one-to-one interviews across participants, practitioners and clinicians. <a href="#">Evaluation report</a>	
Cost	Cost per participant (all places taken): £167	
Outputs	82 sessions 15 audio recordings 5 written lyrics/new songs 22 pieces of creative writing 3 pieces of filmed material 1 CD	
Quality Indicators	Co-production with health partner; user engagement in project planning; recruitment of experienced artists; recommended rates of pay for artists; evaluation of the project	
Keywords	Loneliness and Isolation Social prescribing COPD	