

List of Appendix

Appendix A: Search strategy and terms for all databases.....	2
Appendix B: Summary of Cochrane RoB of RCTs using robvis tool	5
Appendix C: Joanna Briggs Institute (JBI) Critical Appraisal of risk of bias for non-randomised controlled trials.	6
Appendix D: Summary of pooling of p values for non-RCTs.	7
Appendix E: Forest plot of subgroups comparing PA frequency and session time.....	8
Appendix F: Forest plot of subgroups comparing PA types.....	9
Appendix G: Forest plot of subgroup analysis comparing PA intervention period.....	10
Appendix H: Summary of Egger’s test and trim and fill analysis	11
Appendix I: DanceSing care recruitment posters.....	13
Appendix J: Participant Information Sheets, Consent forms and capacity checklist.....	18
Appendix K: Weekly notes from care homes on delivery challenges for danceSing Care Phase 1	26
Appendix L: Care home attendance forms	28
Appendix M: Programme theories, assumptions and logic model.....	30
Appendix N: DanceSing care intervention description.....	32
Appendix O: Interview and focus group guides	37
Appendix P: TiDier Checklist.....	40
Appendix Q: Per protocol analysis of all outcome variables for participants with complete data (n = 27)	43
Appendix R: Progression criteria.....	44
Appendix S: Intervention fidelity and attendance of participants.....	47
Appendix T: Care Home Evaluation Workplace Wellbeing Survey	48

Appendix A: Search strategy and terms for all databases

Total results – 6106

PubMed – 18/05/2021

Results - 1794

("aged"[Mesh] OR aged OR "older adults" OR "frail elderly"[Mesh] OR elderly OR "65 and over")

AND ("physical activity" OR "exercise"[Mesh] OR exercise OR "physical fitness"[Mesh] OR "sedentary lifestyle" OR "sedentary behaviour" OR "sitting" OR "yoga"[Mesh] OR yoga OR "Tai Chi" OR "leisure time" OR sports)

AND ("Generalised Anxiety Disorder" OR "GAD" OR "anxiety symptoms" OR "anxiety") AND (intervention OR "randomised controlled trial" OR programme OR "pilot study" OR "feasibility study")

NOT ("cross sectional study" OR "observational study" OR "longitudinal study")

Psyc Info -18/05/2021

Results – 400

aged OR "older adults" OR "frail elderly" OR elderly OR "65 and over" AND

"physical activity" OR exercise OR "physical fitness" OR "sedentary lifestyle" OR "sedentary behaviour" OR "sitting" OR yoga OR "Tai Chi" OR "leisure time" OR sports AND

"Generalised Anxiety Disorder" OR "GAD" OR "anxiety symptoms" OR "anxiety" AND

intervention OR "randomised controlled trial" OR programme OR "pilot study" OR "feasibility study" NOT

"cross sectional study" OR "observational study" OR "longitudinal study".

CINAHL – 18/05/2021

Results – 375

aged OR "older adults" OR "frail elderly" OR elderly OR "65 and over"

AND "physical activity" OR exercise OR "physical fitness" OR "sedentary lifestyle" OR "sedentary behaviour" OR "sitting" OR yoga OR "Tai Chi" OR "leisure time" OR sports

AND "Generalised Anxiety Disorder" OR "GAD" OR "anxiety symptoms" OR "anxiety"

AND intervention OR "randomised controlled trial" OR programme OR "pilot study" OR "feasibility study"

NOT "cross sectional study" OR "observational study" OR "longitudinal study".

Web of science -18/05/2021

Results – 1187

Set	Results	Search terms
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#7	1,187	(#4 AND #3 AND #2 AND #1 NOT #5) AND LANGUAGE: (English) AND DOCUMENT TYPES: (Article)
#6	1,315	#4 AND #3 AND #2 AND #1
#5	318,969	(ALL=("cross sectional study" OR "observational study" OR "longitudinal study")) AND LANGUAGE: (English) AND DOCUMENT TYPES: (Article)
#4	2,823,712	(ALL=(intervention OR "randomised controlled trial" OR programme OR "pilot study" OR "feasibility study")) AND LANGUAGE: (English) AND DOCUMENT TYPES: (Article)
#3	181,682	(AB=("Generalised Anxiety Disorder" OR "GAD" OR "anxiety symptoms" OR "anxiety")) AND LANGUAGE: (English) AND DOCUMENT TYPES: (Article)
#2	426,310	(AB=("physical activity" OR exercise OR "physical fitness" OR "sedentary lifestyle" OR "sedentary behaviour" OR "sitting" OR yoga OR "Tai Chi" OR "leisure time" OR sports)) AND LANGUAGE: (English) AND DOCUMENT TYPES: (Article)
#1	2,694,615	(AB=(aged OR "older adults" OR "frail elderly" OR elderly OR "65 and over")) AND LANGUAGE: (English) AND DOCUMENT TYPES: (Article)

Cochrane – 18/05/2021

Results – 2249

(in abstract) aged OR "older adults" OR "frail elderly" OR elderly OR "65 and over" AND

(in abstract) "physical activity" OR exercise OR "physical fitness" OR "sedentary lifestyle" OR "sedentary behaviour" OR "sitting" OR yoga OR "Tai Chi" OR "leisure time" OR sports AND

(in abstract) "Generalised Anxiety Disorder" OR "GAD" OR "anxiety symptoms" OR "anxiety" AND

(all fields) intervention OR "randomised controlled trial" OR programme OR "pilot study" OR "feasibility study" NOT

(all fields) "cross sectional study" OR "observational study" OR "longitudinal study".

Clinical Trials.gov – 18/05/2021

Results – 16

Outcome: "Generalised Anxiety Disorder" OR "GAD" OR "anxiety symptoms" OR "anxiety"

Other terms: aged OR "older adults" OR "frail elderly" OR elderly OR "65 and over"

Condition or disease: Generalised Anxiety Disorder" OR "GAD" OR "anxiety symptoms" OR "anxiety"

Intervention: "physical activity" OR exercise OR "physical fitness" OR "sedentary lifestyle" OR "sedentary behaviour" OR "sitting" OR yoga OR "Tai Chi" OR "leisure time" OR sports

Google Scholar – 18/05/2021

Results- 59

allintitle: (aged OR "older adults" OR elderly OR "65 and over")

AND ("physical activity" OR exercise OR "physical fitness")

AND ("Generalised Anxiety Disorder" OR "GAD" OR "anxiety symptoms" OR "anxiety")

Open grey – 18/05/2021

Results - 25

("physical activity" OR exercise OR "physical fitness" OR "sedentary lifestyle" OR "sedentary behaviour" OR "sitting" OR yoga OR "Tai Chi" OR "leisure time" OR sports)

AND ("Generalised Anxiety Disorder" OR "GAD" OR "anxiety symptoms" OR "anxiety") lang:"en"

Databases Alerts – 17/09/2021

Results – 1

Appendix B: Summary of Cochrane RoB of RCTs using robvis tool

Study	Risk of bias domains					Overall
	D1	D2	D3	D4	D5	
Aguinaga et al., 2018						
Bonura & Pargman 2009						
Bonura & Tenenbaum, 2014						
Cassilhas et al., 2010						
Pedersen et al., 2016						
Swales, Ryde & Whittaker, 2021						
Vedovelli et al., 2017						
Zanuso et al., 2012						

Domains:
D1: Bias arising from the randomization process.
D2: Bias due to deviations from intended intervention.
D3: Bias due to missing outcome data.
D4: Bias in measurement of the outcome.
D5: Bias in selection of the reported result.

Judgement
 Some concerns
 Low

Appendix C: Joanna Briggs Institute (JBI) Critical Appraisal of risk of bias for non-randomised controlled trials.

Study ID	Is it clear in the study what is the ‘cause’ and what is the ‘effect’	Were the participants included in any comparisons similar	Were the participants included in any comparisons receiving similar treatment/ care, other than the exposure or intervention of interest	Was there a control group	Were there multiple measurements of the outcome both pre and post the intervention/exposure	Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analysed	Were the outcomes of participants included in any comparisons measured in the same way	Was appropriate statistical analysis used	Overall appraisal
Edwards et al., 2008	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Include
Sigurðardóttir, 2014	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Include
Vaccaro et al., 2018	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Include
Witham et al. 2008	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Include
Wshah et al., 2019	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Include

Appendix D: Summary of pooling of p values for non-RCTs.

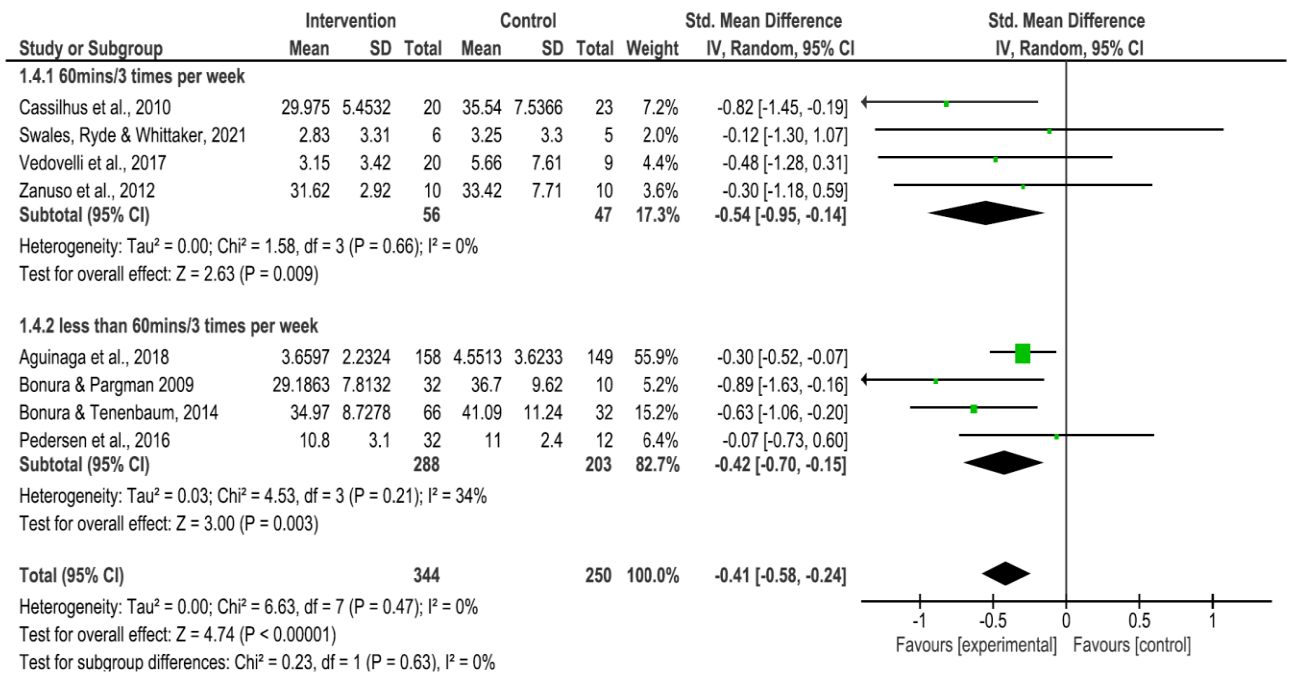
<i>P value</i>	<i>Freq.</i>	<i>Percent</i>	<i>Cum.</i>
.01	1	20.00	20.00
.02	1	20.00	40.00
.072	1	20.00	60.00
.53	1	20.00	80.00
.557	1	20.00	100.00
<i>Total</i>	5	100.00	

Sum of p values for albatross plot

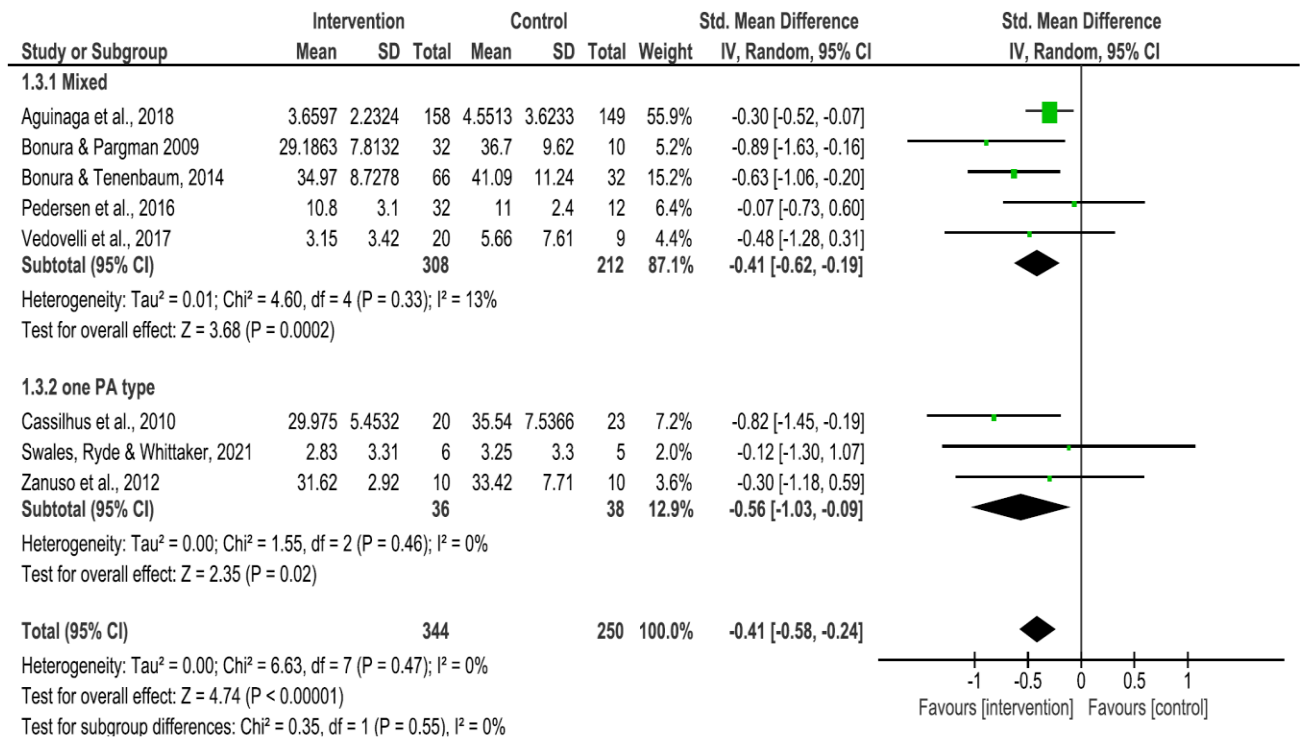
Fisher's method (left): $9.36e-04=0.000936$

Fisher's method (right): $9.74e-01=0.974$

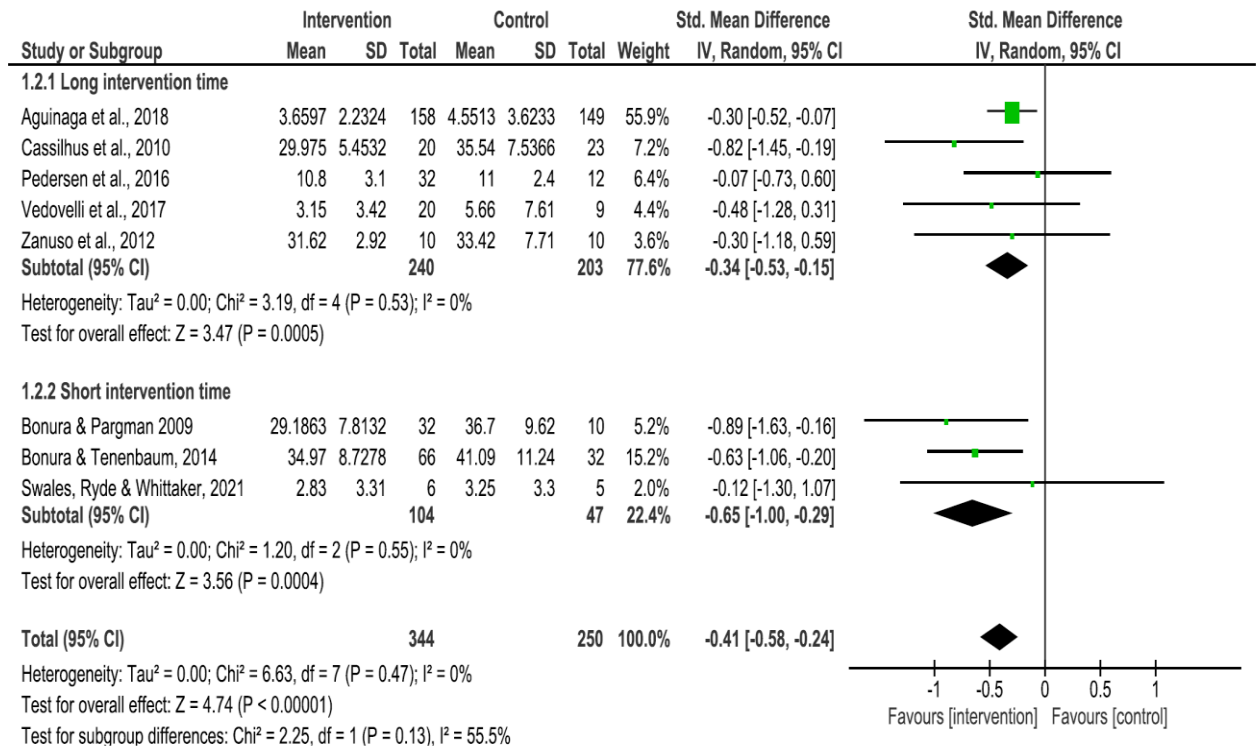
Appendix E: Forest plot of subgroups comparing PA frequency and session time



Appendix F: Forest plot of subgroups comparing PA types



Appendix G: Forest plot of subgroup analysis comparing PA intervention period



Appendix H: Summary of Egger's test and trim and fill analysis

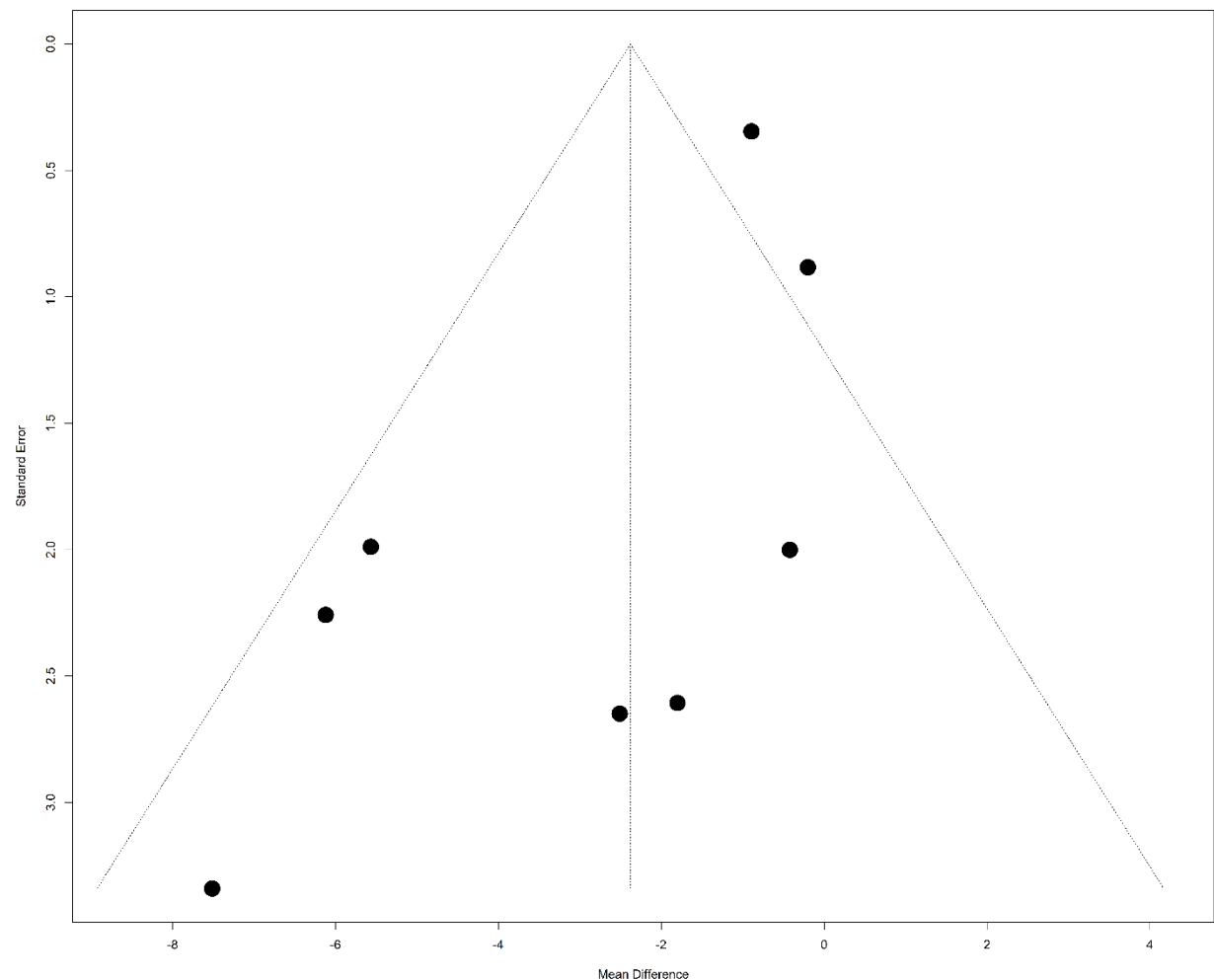
Linear regression test of funnel plot asymmetry

Test results : $t = -2.19$, $df = 6$, $p\text{-value} = 0.0709$

Sample estimates

bias	se. bias	intercept	se. intercept
-1.3104	0.5978	-0.2948	0.5165

Funnel plot



Funnel Plot with Fill And Trim Analysis

Number of studies combined: k = 11 (with 3 added studies)

Number of observations: o = 777

	MD	95% CI	z	p
Random effects model	-0.9304	-3.2202, 1.3594	-0.80	0.4258
Prediction interval		-8.6756, 6.8149		

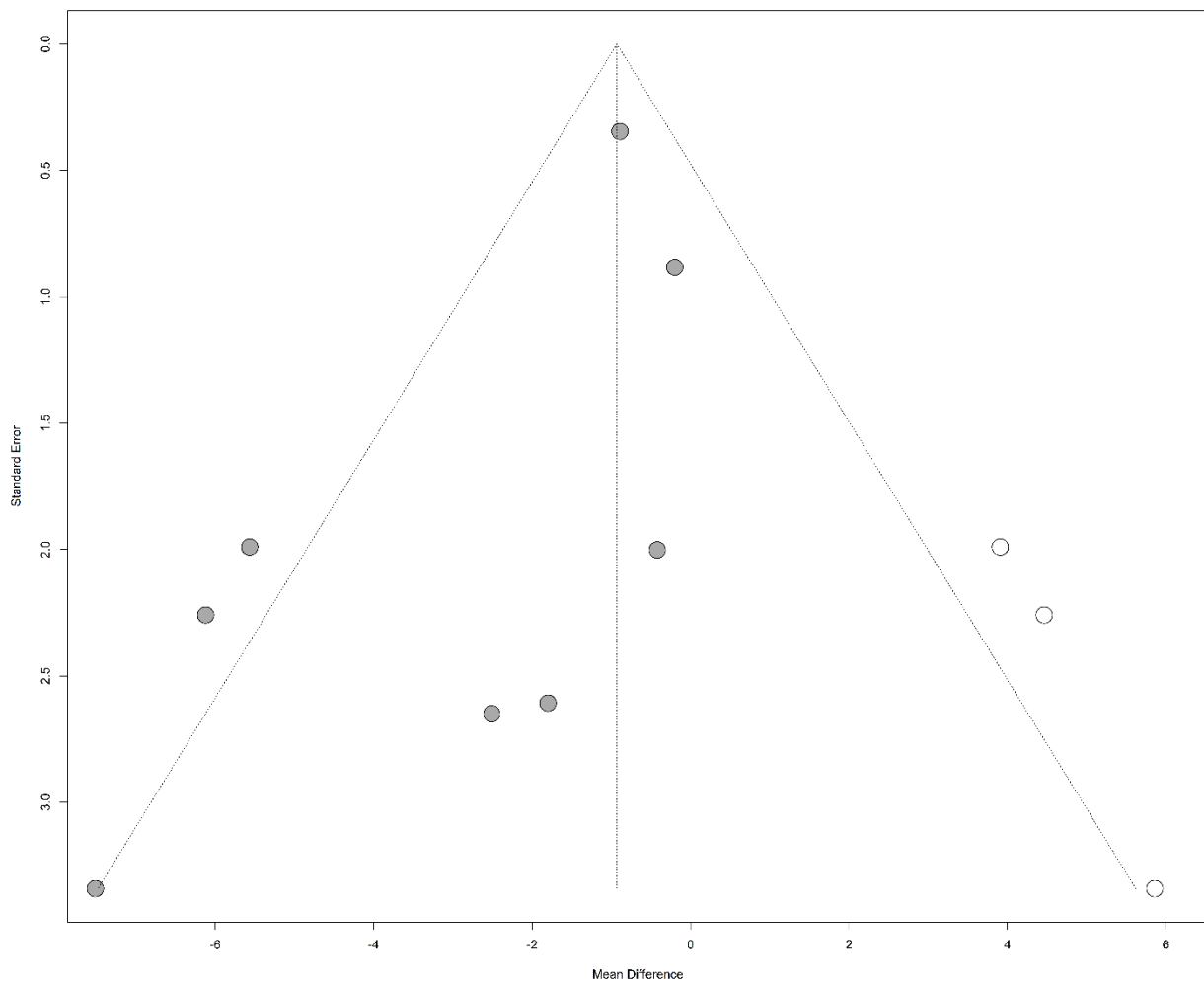
Quantifying heterogeneity:

$\tau^2 = 10.3578$ [2.8689; 52.3863]; $\tau = 3.2184$ [1.6938; 7.2378]

$I^2 = 68.2\%$ [40.4%; 83.0%]; $H = 1.77$ [1.29; 2.43]

Test of heterogeneity:

Q	df	P value
31.44	10	0.0005



Appendix I: DanceSing care recruitment posters

Phase 1

danceSing Care Evaluation

- **Are you an adult aged 65+ years living in a care home and want to dance and/or sing in a group?**

danceSing Care in collaboration with University of Stirling, SPARKLE team invite you to take part in an online web-based survey and discussion on the impact of danceSing care programme on your physical and mental wellbeing.

- **What is the study about?**

This study involves taking part in an online music and movement programme for 12 weeks (about 3 x 20min movement plus 1 x music session per week). In some homes, online surveys will be carried out before the start and at the end of the 12 weeks with help from the research team on the phone or in person. There may also be some physical tests e.g., walking speed. Some people will be invited for interviews/focus group discussions at the end.

- **How long will it take?**

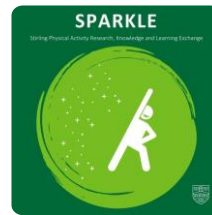
It will take you about 30minutes to complete the surveys and 30 min to 1 hour for a follow up interview and physical function tests. The music and movement programme will involve 4 x online sessions per week for the music/movement sessions for 12 weeks.

- **Do I have to take part/Are there risks involved?**

Your participation is voluntary and confidential and there are no risks involved.

- **How to take part**

Please contact your activity/wellbeing coordinator via your care staff and they will get in touch with the research team.



This project has been approved via the University of Stirling Non -Invasive Clinical Research (NICR 3735) Ethics Panel. Contact the project team (Len de Nys len.de.nys@stir.ac.uk or Esther Ofosu e.f.ofosu@stir.ac.uk or the lead supervisor, Prof. Anna Whittaker for further information a.c.whittaker@stir.ac.uk

danceSing Care Evaluation: Coordinators



What is the danceSing Care programme?

danceSing Care is a creative and wellbeing company that offers the care sector bespoke, on-demand music and movement resources. This could have significant health, social and mental wellbeing benefits, but to date, this is largely anecdotal. Therefore, the SPARKLE team of the University of Stirling will conduct a more rigorous research project to help promote and endorse their current offering.



What is the study about?

Residents can take part in an online music and movement program for 12 weeks (about 3 x 20min movement plus 1 x music session per week). At some homes, online surveys will be carried out by the research team in person or by phone/internet before the start and at the end of the 12 weeks and some physical function tests. Some people will be invited for interviews or focus group discussions at the end.



How long will it take to fill in the questionnaires?

Time to complete the surveys is about 30 minutes. Residents may require a little help from coordinators to get on the phone/online with the research team or help to complete the surveys by the research team in person. The follow-up interview will take 30 minutes to 1 hour, and the same for physical function tests however, these will be carried out by the research team.



Involvement or recruitment.

All residents of the care home are welcome to enjoy this danceSing Care programme.
Additional participation in the study is encouraged, but entirely voluntary and confidential.

BE THE DIFFERENCE

This project has been approved via the University of Stirling NHS, Invasive & Clinical Research (NICR 3735) Ethics Panel. Contact the project team: Len de Nys len.de.nys@stir.ac.uk or Esther Ofosu e.f.ofosu@stir.ac.uk or the lead supervisor, Prof. Anna Whittaker for further information a.c.whittaker@stir.ac.uk.

danceSing Care Evaluation: Residents



Do you live in a care home and want to participate in a programme based on music and movement?

danceSing Care, in collaboration with the SPARKLE team of the University of Stirling, invites you to take part in the online danceSing Care program. Also, you are asked to complete a survey and take part in a discussion on how this program impacted your physical and mental wellbeing.



What is the study about?

You take part in a group-based online music and movement program for 12 weeks (about 3 x 20min movement plus 1 x music session per week). At some homes, online surveys will be carried out by the research team in person or by phone/internet before the start and at the end of the 12 weeks and some physical function tests. Some people will be invited for interviews or focus group discussions at the end.



How long will it take?

You can enjoy 3-4 online sessions per week for the music and movement sessions for 12 weeks. Time to complete the surveys is about 30 minutes. Care staff may help you to get on the phone/online with the research team or the research team will help you to complete the surveys in person. The follow-up interview will take 30 minutes to 1 hour. Physical function tests will take about 30 min to 1 hour with the research team.



Do you have to take part / Are there risks involved?

Your participation is voluntary and confidential. You can still take part in the programme even if you do not want to be part of the research with the surveys.



How to take part

If you feel like this programme is something for you, ask your carer or care home activity and wellbeing coordinator.

BE THE DIFFERENCE

This project has been approved via the University of Stirling NHS, Invasive & Clinical Research (NICR 3735) Ethics Panel. Contact the project team: Len de Nys len.de.nys@stir.ac.uk or Esther Ofosu e.f.ofosu@stir.ac.uk or the lead supervisor, Prof. Anna Whittaker for further information a.c.whittaker@stir.ac.uk.

Phase 2

danceSing Care Evaluation

- **Are you an adult aged 65+ years living in a care home and want to dance and/or sing in a group?**

danceSing Care, in collaboration with the University of Stirling, the SPARKLE team invite you to participate in an online web-based survey and discussion on the impact of the danceSing care programme on your physical and mental wellbeing.

- **What is the study about?**

This study involves participating in an online music and movement programme for 12 weeks (about 2 x 20min movement plus 1 x music session per week). Surveys will be carried out before the start and at the end of the 12 weeks with help from the research team. There will also be some physical tests, e.g., walking speed. Some people will be invited for interviews/focus group discussions at the end.

- **How long will it take?**

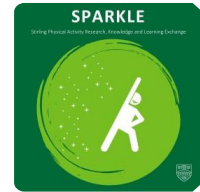
It will take you about 30 minutes to complete the surveys and 30 min to 1 hour for a follow-up interview and physical function tests. The music and movement programme is for 12 weeks.

- **Do I have to take part/Are there risks involved/Will I automatically receive the intervention if I want to take part?**

Your participation is voluntary and confidential, and there are no risks involved. However, we will be running two groups. The first group (intervention group) will start the programme straight away. The second group is called a waitlist control group; they will complete the same assessments at the same time as the first group but will only start the programme 12 weeks later. We will be allocating you randomly to one of these groups and will let you know which one you are in after your initial assessments.

- **How to take part**

Please contact your activity/wellbeing coordinator via your care staff, and they will get in touch with the research team.



This project has been approved via the University of Stirling Non -Invasive Clinical Research (NICR 3735) Ethics Panel. Contact the project team (Len de Nys len.de.nys@stir.ac.uk or Esther Ofosu e.f.ofosu@stir.ac.uk or the lead supervisor, Prof. Anna Whittaker for further information a.c.whittaker@stir.ac.uk



Holmes Care Group in partnership with danceSing care and University of Stirling is participating in a research

The danceSing Care evaluation: a pilot randomised controlled trial



This research project aims to assess the psychosocial and physiological effects of digital movement and music resources offered to residents in care homes



This project has received ethical approval from the University of Stirling Non - invasive Clinical Research panel NICR 2021 3735 3607.

Principal Investigator: Professor Anna C. Whittaker, Faculty of Health Sciences and Sport, University of Stirling, a.c.whittaker@stir.ac.uk

Appendix J: Participant Information Sheets, Consent forms and capacity checklist

Phase 1

Participant Information and Consent Form for online survey

Research Project Title: danceSing Care Evaluation NICR 3735

Background, aims of project

You are invited to participate in a web-based online survey on the impact of the danceSing Care programme on social contact, health and wellbeing. We will ask you to complete the survey now and then again in three months. You may also be invited to take part in some tests of physical function such as walking speed over 4 metres and how many times you can stand from seated in 30 seconds at the start then again in three months. We will minimise the number of tests to reduce burden on your time and you will be given regular breaks. After the 12-week programme, you may also be invited to an online interview or small group discussion to get your opinions about the programme in depth.

You have been invited to participate because you are an adult aged 60+ years living in a care home. This survey is part of a research project being conducted by Professor Anna C. Whittaker and the SPARKLE team at the University of Stirling. You will be given some questions to answer which should take approximately 30 minutes or more to complete. If you are invited to complete physical function tests these will take 30 minutes to one hour if you are invited to take part in these. You may also be invited to a follow-up online interview or small group discussion for up to 1 hour to get your opinions about the programme. Please read through these terms before agreeing to participate below.

Do I have to take part?

No. Your participation in this survey is voluntary. You may refuse to take part in the research or exit the survey at any time without penalty by pressing the 'Exit' button / closing the browser. You are free to decline to answer any particular question for any reason – we have included a 'prefer not to say' option, which you are free to use at any point. If you are invited to take part in physical function tests and/or an interview you are free to decline to take part in these even if you have taken part in the survey.

Are there any potential risks in taking part?

Some of the survey questions ask about loneliness and emotions and may be a little distressing to you as you consider your own experiences. If the questions make you upset, we suggest you talk to your GP about it if possible, or you could talk to the study Principal Investigator, Prof Anna Whittaker on a.c.whittaker@stir.ac.uk who is a Health Psychologist. Physical function tests will be conducted by trained researchers to reduce the risk of falls and a risk assessment for these has been completed. Physical function tests are immediately stopped any time you are worried about losing your balance and the researcher will be on hand to prevent you falling. We will not ask you to do any tests that your care team think would be unsafe for you.

Are there any benefits in taking part?

The benefits of taking part are helping researchers to better understand how digital resources provided by danceSing Care may help improve mental and physical health. They will also help danceSing Care to evaluate and further develop their programme.

Legal basis for processing personal data

As part of the project, we will be recording personal data relating to you. This will be processed in accordance with the General Data Protection Regulations (GDPR). Under GDPR the legal basis for processing your personal data will be public interest/the official authority of the University. We will also be processing your sensitive/special categories of personal information relating to your health for research purposes in the public interest.

What happens to the data I provide?

Your answers will be completely confidential, we will only be asking your name and contact details so that we can ask you to complete the survey again in 3 months' time, and to invite you to an online interview/discussion. We will store your personal details (name and contact information) separately from the survey data or interview/discussion data. Your data will be stored in password-protected files. Your IP address will not be stored. Your personal data will be kept for 2 years in OneDrive accessible only by the University of Stirling research team for processing and analysis, and then will be securely lodged in our online open access repository DataSTORRE for a minimum of 10 years.

At the end of the survey, you will be asked if you are interested in participating in any University of Stirling future research. We would like to invite you to become part of a future database of older adults (Stirling 1000 Elders) interested in taking part in and learning from relevant ageing research.

Only the research team will have access to personal/sensitive research data. If we use direct quotes from your responses, you will not be identifiable in any publication. Due to the nature of this research, employees at

danceSing Care will find the data to be useful in answering their research questions but we will only share anonymised processed and analysed data with them.

Will the research be published?

The research will be published in marketing materials on danceSing Care’s website, through social media, and academic presentations and articles. You will be able to access the published results on danceSing Care’s website. If you would like these sent to you separately, we will ask for your email address. The University of Stirling is committed to making the outputs of research publicly accessible and supports this commitment through our online open access repository STORRE.

Who is organising and funding the research?

The University of Stirling is sponsoring this research. The ethical approaches of this project have been approved via the University of Stirling NHS, Invasive & Clinical Research (NICR) Ethics Panel.

Your rights

You have the right to request to see a copy of the information we hold about you and to request corrections or deletions of the information that is no longer required. You have the right to withdraw from this project at any time without giving reasons and without consequences to you. You also have the right to object to us processing relevant personal data however, please note that once the data are being analysed and/or results published it may not be possible to remove your data from the study.

Whom do I contact if I have concerns about this study or wish to complain?

If you would like to discuss the research with someone, please contact the Principal Investigator: Professor Anna Whittaker a.c.whittaker@stir.ac.uk.

In case of complaint, please contact the Head of Division Professor Jayne Donaldson jayne.donaldson@stir.ac.uk.

You have the right to lodge a complaint against the University regarding data protection issues with the Information Commissioner’s Office (<https://ico.org.uk/concerns/>). The University’s Data Protection Officer is Joanna Morrow, Deputy Secretary. If you have any questions relating to data protection these can be addressed to data.protection@stir.ac.uk in the first instance.

Thank you for your participation.

Electronic Consent

Please select your choice below. Clicking on the “Agree” button indicates that:

- You have read and understood the above information
- You are 18 years of age or older
- You voluntarily agree to participate

Agree

[added at end of survey]

If your care home is invited to take part in physical function testing (things like checking your walking speed over 4 metres and how many times you can stand up from a chair in 30 seconds) and your care team think it is safe for you to do this, it would take about 30 minutes to one hour and be with a trained researcher to ensure your safety. This would be at the beginning before the danceSing Care programme starts and again at the end. 12-weeks later. Are you willing to take part in physical function testing?

Yes . No .

We will check this with you again before doing any testing and you are free to change your mind about whether you want to take part in this or not.

Phase 2

Participant Information and Consent Form for online survey

Research Project Title: danceSing Care Evaluation NICR 3735

Background, aims of project

You are invited to participate in a web-based online survey and some physical assessments on the impact of the danceSing Care programme on social contact, health and wellbeing.

The danceSing Care programme involves 2-3 music or music and movement classes per week in your care home. We will be running two groups. The first group (intervention group) will start the programme straight away. The second group is called a waitlist control group; they will complete the same assessments at the same time as the

first group, but will only start the programme 12 weeks later. We will be allocating you randomly to one of these groups and will let you know which one you are in after your initial assessments.

We will ask you to complete the survey and assessments now and then again in three months.

The physical assessments you will be invited to take part in are tests of physical function such as walking speed over 4 metres and how many times you can stand from seated in 30 seconds at the start then again in three months. We will minimise the number of tests to reduce burden on your time and you will be given regular breaks.

We would also like to collect a saliva sample from you, once at the beginning of the programme and again at the end. This is to measure levels of stress hormones (cortisol and DHEA), that also relate to physical activity and ageing. We will also ask you what time you got up that day and record the time of day of the sample collection. We will ask you not to eat or drink for one hour before this sample, except water.

You have been invited to participate because you are an adult aged 60+ years living in a care home. This survey is part of a research project being conducted by Professor Anna C. Whittaker and the SPARKLE team at the University of Stirling. You will be given some questions to answer which should take approximately 30 minutes or more to complete. Physical function tests will take 30 minutes to one hour. After the 12-week programme, you may also be invited to a follow-up online interview or small group discussion for up to 1 hour to get your opinions about the programme. Please read through these terms before agreeing to participate below.

Do I have to take part?

No. Your participation in this survey is voluntary. You may refuse to take part in the research or exit the survey at any time without penalty by pressing the 'Exit' button / closing the browser or telling the researcher helping you that you want to stop. You are free to decline to answer any particular question for any reason – we have included a 'prefer not to say' option, which you are free to use at any point. For the physical function and saliva tests and/or an interview you are free to decline to take part in any of these even if you have taken part in the survey or other assessments.

Are there any potential risks in taking part?

Some of the survey questions ask about loneliness and emotions and may be a little distressing to you as you consider your own experiences. If the questions make you upset, we suggest you talk to your GP about it if possible, or you could talk to the study Principal Investigator, Prof Anna Whittaker on a.c.whittaker@stir.ac.uk who is a Health Psychologist. Physical function tests and saliva sampling will be conducted by trained researchers and a risk assessment for these has been completed. Physical function tests are immediately stopped any time you are worried about losing your balance and the researcher will be on hand to prevent you falling. We will not ask you to do any tests that your care team think would be unsafe for you.

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As part of the project, we will be recording personal data relating to you. This will be processed in accordance with the General Data Protection Regulations (GDPR). Under GDPR the legal basis for processing your personal data will be public interest/the official authority of the University. We will also be processing your sensitive/special categories of personal information relating to your health for research purposes in the public interest.

What happens to the data I provide?

Your answers will be completely confidential, we will only be asking your name and contact details so that we can ask you to complete the survey again in 3 months' time, and to invite you to an online interview/discussion. We will store your personal details (name and contact information) separately from the survey data or interview/discussion data and physical function data and saliva sample results. Your saliva sample will have any cells removed on the days of collection (so we will not have your DNA or identifiable data). The sample will then be stored for up to 12 months for analysis and any re-analysis. In storage it will be labelled with an ID number to link to other study data, not with your personal details. After 12 months it will be safely destroyed and only the results of the stress hormone analysis will be saved. The hormone analysis cannot be used for diagnostic purposes. Your data will be stored in password-protected files. Your IP address will not be stored. Your personal data will be kept for 2 years in OneDrive accessible only by the University of Stirling research team for processing and analysis, and then will be securely lodged in our online open access repository DataSTORRE for a minimum of 10 years.

At the end of the survey, you will be asked if you are interested in participating in any University of Stirling future research. We would like to invite you to become part of a future database of older adults (Stirling 1000 Elders) interested in taking part in and learning from relevant ageing research.

Only the research team will have access to personal/sensitive research data. If we use direct quotes from your responses, you will not be identifiable in any publication. Due to the nature of this research, employees at

danceSing Care will find the data to be useful in answering their research questions but we will only share anonymised processed and analysed data with them.

Will the research be published?

The research will be published in marketing materials on danceSing Care’s website, through social media, and academic presentations and articles. You will be able to access the published results on danceSing Care’s website. If you would like these sent to you separately, we will ask for your email address. The University of Stirling is committed to making the outputs of research publicly accessible and supports this commitment through our online open access repository STORRE.

Who is organising and funding the research?

The University of Stirling is sponsoring this research. The ethical approaches of this project have been approved via the University of Stirling NHS, Invasive & Clinical Research (NICR) Ethics Panel.

Your rights

You have the right to request to see a copy of the information we hold about you and to request corrections or deletions of the information that is no longer required. You have the right to withdraw from this project at any time without giving reasons and without consequences to you. You also have the right to object to us processing relevant personal data however, please note that once the data are being analysed and/or results published it may not be possible to remove your data from the study.

Whom do I contact if I have concerns about this study or wish to complain?

If you would like to discuss the research with someone, please contact the Principal Investigator: Professor Anna Whittaker a.c.whittaker@stir.ac.uk.

In case of complaint, please contact the Head of Division Professor Jayne Donaldson jayne.donaldson@stir.ac.uk.

You have the right to lodge a complaint against the University regarding data protection issues with the Information Commissioner’s Office (<https://ico.org.uk/concerns/>). The University’s Data Protection Officer is Joanna Morrow, Deputy Secretary. If you have any questions relating to data protection these can be addressed to data.protection@stir.ac.uk in the first instance.

Thank you for your participation.

Electronic Consent

Please select your choice below. Clicking on the “Agree” button indicates that:

- You have read and understood the above information
- You are 18 years of age or older
- You understand you may be randomly allocated to the programme straight away or to the control group who will get the programme 12 weeks later.
- You voluntarily agree to participate

Agree

[added at end of survey]

When your care home is invited to take part in physical function testing and saliva sampling (things like checking your walking speed over 4 metres and how many times you can stand up from a chair in 30 seconds) and your care team think it is safe for you to do this, it would take about 30 minutes to one hour and be with a trained researcher to ensure your safety. This would be at the beginning before the danceSing Care programme starts and again at the end. 12-weeks later. Are you willing to take part in physical function testing?

Yes . No .

We will check this with you again before doing any testing and you are free to change your mind about whether you want to take part in this or not.

**danceSing Care evaluation
Consent Form for Physical Function Testing**

Ethics Approval Reference: NICR 3735

Please initial:

I have read and understood the information sheet about the music and movement programme and I understand that I will be randomly allocated to taking part in this straight away or in 12 weeks time.	
I have read and understood the information sheet about the physical function testing and saliva sampling for the danceSing Care evaluation study.	
I have been given a chance to think about the information, ask questions and receive satisfactory answers about the study.	
I know that my participation is voluntary and I that I can choose to withdraw from the study at any time.	
I know that if I choose to withdraw that I do not have to give a reason.	
I understand that all information will be kept confidential.	
I agree to take part in physical function testing.	
I agree to provide saliva samples	

Participant name: _____
Signature: _____ **Date:** _____

Researcher name: _____
Signature: _____ **Date:** _____

ASSESSING CAPACITY TO CONSENT TO PARTICIPATION IN RESEARCH - BRITISH PSYCHOLOGICAL SOCIETY

Name of potential participant: _____

Checklist for researchers to decide whether a prospective participant has the capacity to consent to their participation	
Section A – Enabling capacity:	
Have you made every effort to enable a prospective participant to make the decision themselves to participate or refuse?	<input type="checkbox"/> ▪
Have you used language or methods of communication that the person is most likely to understand?	<input type="checkbox"/> ▪
Have you given sufficient time for the person to think about the project?	
Has the person conferred with others who could help explain the project?	<input type="checkbox"/> ▪ <input type="checkbox"/> ▪
If NO to any item in Section A, return to BPS guidance on enabling decision making.	
If YES to all items in Section A continue...	
Section B – Diagnostic assessment	
Is there evidence to demonstrate impairment of mind or brain?	

Is there evidence to demonstrate that this is temporary, fluctuating or permanent?	<input type="checkbox"/> ▪
Is there evidence to demonstrate that the impairment affects the person's ability to decide about their participation in research?	<input type="checkbox"/> ▪
	<input type="checkbox"/> ▪
If NO to any item in Section B discuss with Principal Researcher. If yes to all items in Section B, continue...	
Section C – Functional assessment	
Does the person understand that they can consent or refuse to participate in research?	<input type="checkbox"/> ▪
Does the person understand what the research is about?	
Does the person understand and weigh up the benefits and risks of agreeing or refusing to take part?	<input type="checkbox"/> ▪
	<input type="checkbox"/> ▪
Has the person communicated their decision to you in any way?	<input type="checkbox"/> ▪
If YES to any item in Section C, return to BPS guidance on 'enabling decision making'. If NO to the first three items in Section C – the person does not have the capacity to consent to or to refuse to take part in the research project.	
Checklist completed by:	
Date:	

British Psychological Society (2008) Conducting research with people not have the capacity to consent to their participation. A practical guide for researchers.

Phase 1&2



Participant Information Sheet for Interview/focus group

Research Project Title: danceSing Care Evaluation NICR 3735

Background, aims of project

You are invited to participate in a web-based online/in person interview discussion on the impact of the danceSing Care programme on social contact, health and wellbeing and to get your opinions about the programme in depth. You have been invited to participate because you are an adult aged 60+ years, living in a care home, who has taken part in the danceSing Care programme and our original survey. This interview is part of a research project being conducted by Professor Anna C. Whittaker and the SPARKLE team at the University of Stirling. It should take approximately 30-60 minutes to complete. Please read through these terms before agreeing to participate below.

Do I have to take part?

No. Your participation in this interview/focus group discussion is voluntary. You may refuse to take part in the research at any time without penalty. If you are interested in taking part, we will ask you to sign a consent form (attached with this information sheet) and get the care home staff to return this to us.

Are there any potential risks in taking part?

No, there are no risks involved in taking part.

Are there any benefits in taking part?

The benefits of taking part are helping researchers to better understand how digital resources provided by danceSing Care may help improve mental and physical health. They will also help danceSing Care to evaluate and further develop their programme.

Legal basis for processing personal data

As part of the project, we will be recording personal data relating to you. This will be processed in accordance with the General Data Protection Regulations (GDPR). Under GDPR the legal basis for processing your personal data will be public interest/the official authority of the University. We will also be processing your sensitive/special categories of personal information relating to your health for research purposes in the public interest.

What happens to the data I provide?

Your answers will be completely confidential, we will only be asking your name and contact details so that we can match your data to that provided in the online survey. We will store your personal details (name and contact information) separately from the survey data or interview/discussion data. Your data will be stored in password-protected files. Your IP address will not be stored. Your personal data will be kept for 2 years in OneDrive accessible only by the University of Stirling research team for processing and analysis, and then will be securely lodged in our online open access repository DataSTORRE for a minimum of 10 years.

Only the research team will have access to personal/sensitive research data. If we use direct quotes from your responses, you will not be identifiable in any publication. Due to the nature of this research, employees at danceSing Care will find the data to be useful in answering their research questions but we will only share anonymised processed and analysed data with them.

Will the research be published?

The research will be published in marketing materials on danceSing Care's website, through social media, and academic presentations and articles. You will be able to access the published results on danceSing Care's website. If you would like these sent to you separately, we will ask for your email address. The University of Stirling is committed to making the outputs of research publicly accessible and supports this commitment through our online open access repository STORRE.

Who is organising and funding the research?

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Your rights

You have the right to request to see a copy of the information we hold about you and to request corrections or deletions of the information that is no longer required. You have the right to withdraw from this project at any time without giving reasons and without consequences to you. You also have the right to object to us processing relevant personal data however, please note that once the data are being analysed and/or results published it may not be possible to remove your data from the study.

Whom do I contact if I have concerns about this study or I wish to complain?

If you would like to discuss the research with someone, please contact the Principal Investigator: Professor Anna Whittaker a.c.whittaker@stir.ac.uk.

In case of complaint, please contact the Head of Division Professor Jayne Donaldson jayne.donaldson@stir.ac.uk.

You have the right to lodge a complaint against the University regarding data protection issues with the Information Commissioner's Office (<https://ico.org.uk/concerns/>). The University's Data Protection Officer is Joanna Morrow, Deputy Secretary. If you have any questions relating to data protection these can be addressed to data.protection@stir.ac.uk in the first instance.

Thank you for your participation.



**danceSing Care evaluation
Consent Form for interview/focus group**

Ethics Approval Reference: NICR 3735

Please initial:

I have read and understood the information sheet about the interview/focus group for the danceSing Care evaluation study.	
I have been given a chance to think about the information, ask questions and receive satisfactory answers about the study.	
I know that my participation is voluntary and I that I can choose to withdraw from the study at any time.	
I know that if I choose to withdraw that I do not have to give a reason.	
I understand that all information will be kept confidential.	
I agree that if I take part in an online interview/focus group, this will be videorecorded but that these recordings will be destroyed after transcription.	
I know that the researcher will not use any information that can be used to identify me in published work.	
I agree to the use of anonymised quotes in publications.	
I agree to take part in the above study.	

Participant name: _____
Signature: _____ **Date:** _____

Researcher name: _____
Signature: _____ **Date:** _____

Contact details for arranging interview/focus group online: _____ (email)

Appendix K: Weekly notes from care homes on delivery challenges for danceSing Care Phase 1

Weekly reports from care home staff through phone calls and emails

Week 1	CH1 struggled to get residents to participate	CH2 recorded two drop outs. 1 relocation and 1 withdrawal	CH4- AC went on holiday and ran only one session	CH5 and CH6 had no assigned ACs		
Week 2	CH7 reported all residents have dementia and attention span is short making full participation difficult	CH3- COVID outbreak in the care home and AC is on holiday.				
Week 3	CH3- COVID outbreak in home and one residents passed away	CH7-attendance forms not received	CH2- AC resigned and no new reassigned.	Less attention of ACs to weekly mails and reminders	Poor engagement on the social media platform for ACs	
Week 4	CH5 recruited a new AC who is yet to start	CH3- COVID outbreak	CH8- COVID outbreak. Residents are isolating and not engaging in any social activities			
Week 5	CH9- AC is off sick. No sessions were run	CH8- COVID outbreak. Residents are isolating and not engaging in any social activities	CH3- one resident hospitalised	CH7- AC reported intervention has been delivered for only 2 weeks. AC was reminded of attendance forms	CH1- AC was on holidays so sessions were not delivered	
Week 6	CH8- COVID outbreak. Residents are isolating and not engaging in any social activities	CH1- AC was on holidays so sessions were not delivered	CH2- New AC starting next week.	CH6- New Ac starting in 2 weeks.	CH9-AC off sick with COVID	CH4- AC on holidays and delivery of sessions taken over by carer.
Week 7	CH4- AC on holidays and delivery of sessions taken over by carer.	CH10- One resident hospitalised	CH7, CH5, CH6 have not provided any attendance data- no sessions delivered			
Week 8	CH5- Residents struggle with the movement sessions					

Week 9	CH7- No response to follow up calls	CH2- New AC was off due to family issues. Care staff were unable to give any updates			
Week 10	CH7- AC is off on holidays	CH10: AC unable to join Facebook page.	CH2- Care home staff reported sessions have stopped due to staff shortage.	CH8 - no sessions delivered due to COVID. AC reported sessions were difficult to follow (too fast) for residents.	CH1- attendance is better now since faulty display screen has been repaired
Week 11 and 12	Final phone call follow ups and email reminders for attendance sheets made to all care homes	CH5, CH6 and CH7 did not engage in the intervention			

Note. CH: Care home, AC: Activity Coordinator

Appendix L: Care home attendance forms

Phase 1

















































































































































Care home name: _____



danceSing Care attendance: please tick the corresponding box each time a resident participating in the danceSing care Evaluation (i.e. they did the baseline survey) attended a **movement class** in the program and a circle for the **music only** class.
Please scan and send to us each Friday so we can keep a cumulative attendance record.

NAME	W1	W 2	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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Phase 2

danceSing Care Sessions Register

Name	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
												
												
												
												
												
												
												
												
												
												
												
												

Note: Please kindly record attendance by giving a tally against the movement () and music () icons respectively after each session.

Appendix M: Programme theories, assumptions and logic model

Programme theories and assumptions

Programme theories
<p>Primary programme theories</p> <p>(1) If the danceSing care resources are delivered to the care homes, the Activity Coordinators (ACs) would consistently deliver the programme to the residents.</p> <p>(2) If the programme is delivered in the care homes, the residents would want to regularly take part.</p> <p>(3) If the ACs provide the programme consistently, the participants would experience improved psychosocial health markers. Changes in pre-and post-survey data and qualitative interviews would evidence this.</p> <p>Secondary programme theories</p> <p>(1) If the ACs were given enough organisational support (e.g., resources and time), they would be engaged in this programme. This would establish shared learning and co-production between programme developers, care homes, and researchers.</p> <p>(2) If the group sessions were adequately and consistently used, residents would feel more engaged in group activities, creating a community. This communal feeling would increase self-confidence and quality of life and reduce loneliness. This could potentially inspire future usage of the programme's resources.</p>
Assumptions
<p>Care homes would:</p> <ul style="list-style-type: none">- be able to cast laptops to large screen- all have a dedicated activity coordinator <p>Activity coordinators would:</p> <ul style="list-style-type: none">- be consistent and continuous in login and delivering the intervention- see the programme as a core priority- be able to engage all participants in a group setting <p>- be engaged and able to schedule the activities consistently and regularly</p> <ul style="list-style-type: none">- have adequate cover for days off/leave- need training on the use of the intervention only- return attendance sheets regularly <p>- be easy to get in contact to make appointments with</p> <p>Residents would</p> <ul style="list-style-type: none">- be engaged in the programme from the start

Logic model

<p>Inputs</p> <p><i>The resources needed to implement the activities</i></p>	<p>Activities</p> <p><i>What the programme meant to do</i></p>	<p>Outputs</p> <p><i>Deliverables that result from the activities</i></p>	<p>Outcomes</p> <p><i>What changes resulted from the mechanisms</i></p>
<p>What we invest</p> <p><u>dancSing Care:</u></p> <p>A music & movement programme of danceSing Care, with existing knowledge, expertise professionals via an online platform.</p> <p>In-house induction session and training with coordinators and staff</p> <p><u>University of Stirling:</u></p> <p>Qualitative (questionnaires) and quantitative (interviews and focus groups) approach to investigate the programme impact.</p> <p>Gathering an advisory group of stakeholders.</p> <p><u>Both:</u></p> <p>Several strategies to boost adherence and for trouble-shooting</p>	<p>What we do</p> <p>dancSing Care offers an array of online music & movement resources to care homes.</p> <p>Who we reach</p> <p>Care home staff, the Activity Coordinators, offer these resources to care home residents.</p>	<p>What we expect</p> <p>Each care home recruits interested residents to the program.</p> <p>Each care home delivers 3 movement and 1 music session each week for 12 weeks.</p> <p>Each AC lists the adherence to the programme of each participant.</p>	<p>Quantitative</p> <p>Feasibility: adherence</p> <p>Surveys about multidimensional psychosocial factors..</p> <p>Qualitative</p> <p>Feasibility: safety, adverse effects</p> <p>Interviews with residents about acceptability, engagement, ...</p> <p>Focus groups with involved ACs and staff about delivery and feasibility.</p>

Appendix N: DanceSing care intervention description

MUSIC AND SINGING PROGRAMME - session list

Our Music and Singing Programme is led by highly experienced danceSing Music Leader, Karol Fitzpatrick on piano. Upbeat and calming sessions, our chosen songs will stimulate memory and provide a range of tempi and mood. Our shorter session bites can be practised regularly and will help to improve breathing, posture, vocal control, concentration, and co-ordination.

Session	Duration	Overview	Dementia Friendly	Key Tags
GET STARTED SERIES - Sing along or listen to our bespoke musical arrangements to improve overall well-being.				
1	25-minutes	Sing along to 'Yes Sir I Can Boogie' and sit back and enjoy to 'Moon River'.	Mild Moderate	Music, Singing, Calm, Relax, Upbeat
2	22-minutes	Sing along to 'That's The Way I Like It' and sit back and enjoy 'Somewhere Over The Rainbow' and 'Raindrops Keep Falling On My Head'.	Mild Moderate	Music, Singing, Calm, Relax, Upbeat
3	26-minutes	Sing along to 'The Lion Sleeps Tonight' and sit back and enjoy 'Fields Of Gold' and 'What A Wonderful World'.	Mild Moderate	Music, Singing, Calm, Relax, Upbeat
4	7-minutes	Sing along or sit back and enjoy 'Scarborough Fair' and 'Peace In My Soul'.	All Stages	Music, Singing, Calm, Relax
5	22-minutes	Sing Along to or sit back and enjoy "Amazing Grace" and "Somewhere Over The Rainbow" with accompanying grand piano and flute.	All Stages	Music, Singing, Calm, Relax
IRISH SERIES - Well known Irish songs to stimulate memory and offer a range of tempi and mood.				
1	19-minutes	Sing along to 'I'll Tell Me Ma' and 'The Wild Rover'.	All Stages	Music, Singing, Upbeat, Energise
2	21-minutes	Sing along to 'Molly Malone' and 'Danny Boy'.	All Stages	Music, Singing, Calm, Relax
FESTIVE SERIES - Sing along or listen to our favourite selection of magical Christmas Carols.				
1	20-minutes	Sing along to 'Winter Wonderland'	All Stages	Music, Singing, Upbeat, Energise

2	25-minutes	Sing along to 'White Christmas'	All Stages	Music, Singing, Calm, Relax
BITESIZE SESSIONS - Selection of shorter bitesize sessions including Feel-good, Ballet & Irish (approx. 5-mins long).				
1	5-minutes	GENERAL Sing along bite Voice Strengthening Exercise	Mild Moderate	Music, Singing, Calm, Relax
2	5-minutes	IRISH Sing along bite 'Molly Malone'	All Stages	Music, Singing, Calm, Relax
3	6-minutes	IRISH Sing along bite 'The Wild Rover'	All Stages	Music, Singing, Upbeat, Energise
4	6-minutes	IRISH Sing along bite 'Danny Boy'	All Stages	Music, Singing, Calm, Relax
5	5-minutes	FESTIVE Sing along bite 'White Christmas'	Mild Moderate	Music, Singing, Upbeat, Energise
6	5-minutes	FESTIVE Sing along bite 'We Wish You A Merry Christmas'	Mild Moderate	Music, Singing, Upbeat, Energise

MOVEMENT AND FITNESS PROGRAMME - session list

Our Movement and Fitness Programme is led by highly experienced danceSing Founder Natalie Garry. Inspiring and motivational, our sessions will help prevent falls, improve posture, boost mood and circulation, increase strength and flexibility to help with everyday activities and promote independent living.

Session	Duration	Overview	Dementia Friendly	Key Tags
GET STARTED SERIES - Have fun moving and grooving to boost your overall well-being.				
1	18-minutes	Chair Fitness focusing on improving posture, strength, and flexibility, boosting cardiovascular health, and mobilising joints.	Mild Moderate	Chair, Dance, Calm, Relax, Upbeat, Circulation Falls, Energise
2	19-minutes	Chair Fitness focusing on improving posture, strength, and flexibility, boosting cardiovascular health, and mobilising joints.	Mild Moderate	Chair, Dance, Calm, Relax, Upbeat, Circulation Falls, Energise
3	18-minutes	Standing Fitness focusing on improving posture, strength, and flexibility, boosting cardiovascular health, and mobilising joints.	Mild Moderate	Standing, Dance, Calm, Relax, Upbeat, Circulation Falls, Energise

4	8-minutes	Chair Fitness Circulation Boost focusing on boosting cardiovascular health, mobilising joints, and improving posture, strength, and flexibility. Recommended daily.	Mild Moderate	Chair, Dance, Calm, Relax, Upbeat, Circulation Falls, Energise
5	21-minutes	Chair Fitness focusing on boosting circulation, cardiovascular health, mobilising joints, and improving posture, strength and flexible.	Mild Moderate	Chair, Dance, Calm, Relax, Upbeat, Circulation, Falls, Energise
6	11-minutes	Chair Fitness Circulation Boost focusing on cardiovascular health, mobilising joints, and improving posture, strength, and flexibility. Recommended daily.	All Stages	Chair, Dance, Calm, Relax, Circulation, Falls, Energise
7	11-minutes	Chair Fitness focusing on easing out the muscles and improving posture and flexibility. Recommended daily.	All Stages	Chair, Dance, Calm, Relax, Circulation, Falls
8	12-minutes	Chair Fitness focusing on moving gently, mobilising the joints, and improving posture and flexibility. Recommended daily.	All Stages	Chair, Dance, Calm, Relax, Circulation, Falls
FEEL-GOOD SERIES - Motivational feel-good sessions created to help enable independent living.				
1	21-minutes	Chair Fitness focussing on improving posture, boosting circulation, falls prevention, and increased strength for everyday activities.	Mild Moderate	Chair, Fitness, Upbeat, Circulation Falls, Energise
2	21-minutes	Standing Fitness for people steady on their feet. Focusing on maintaining and improving movement quality and agility while working on falls prevention, increasing strength and flexibility for everyday activities.	Mild Moderate	Standing, Fitness, Upbeat, Circulation Falls, Energise
3	12-minutes	Gentle Chair Fitness slower paced focussing on gentle movements to mobilise the body.	All Stages	Chair, Fitness, Upbeat, Circulation Falls, Energise
BALLET SERIES - Joyful and uplifting inspired by classical ballet to improve strength for everyday activities.				
1	22-minutes	Chair Fitness focussing on improving posture, boosting circulation, falls prevention, increased strength for everyday activities.	Mild Moderate	Chair, Fitness, Upbeat, Circulation Falls, Energise

2	19-minutes	Standing Fitness focussing on maintaining and improving movement quality and agility while working on falls prevention, increasing strength and flexibility for everyday activities.	Mild Moderate	Standing, Fitness, Upbeat, Circulation Falls, Energise
3	13-minutes	Chair Relaxation focussing on breath work and gentle movement to mobilise the body leaving you feeling calm and relaxed.	All Stages	Chair, Fitness, Calm, Relax, Circulation, Falls
FESTIVE SERIES - Festive fun to improve posture and circulation, prevent falls, increase strength and flexibility.				
1	18-minutes	Chair Fitness focusing on improving posture, boosting circulation, falls prevention, and increased strength and flexibility for everyday activities.	All Stages	Chair, Fitness, Upbeat, Circulation Falls, Energise
BITESIZE SESSIONS - Selection of shorter bitesize sessions including Feel-good, Ballet & Irish (max. 5-mins long).				
1	4-minutes	FEEL-GOOD Chair Bite 'Don't Worry Be Happy'	Mild Moderate	Chair, Fitness, Upbeat, Circulation Falls, Energise
2	4-minutes	FEEL-GOOD Chair Bite 'Fragile'	All Stages	Chair, Fitness, Calm, Relax, Circulation, Falls
3	3-minutes	FEEL-GOOD Standing Bite 'The Lion Sleeps Tonight'	All Stages	Standing, Fitness, Upbeat, Circulation Falls, Energise
4	4-minutes	BALLET Chair Bite Mobility Circulation	All Stages	Chair, Fitness, Calm, Relax, Circulation, Falls
5	7-minutes	BALLET Standing Bite Mobility Circulation	All Stages	Standing, Fitness, Upbeat, Circulation Falls, Energise
6	3-minutes	BALLET Chair Bite Posture and Breath Work	All Stages	Chair, Fitness, Upbeat, Circulation Falls, Energise

MEMORY LANE RADIO - show list

Take a trip down Memory Lane, unlocking memories through the magic of music and movement.

Session	Duration	Overview	Dementia Friendly	Key Tags
1	60-minutes	Let danceSing transport you through the decades (50s, 60s, 70s, & 80s) with a variety of CLASSICAL and POPULAR music.	All Stages	Radio, Music, Calm, Relax, Upbeat

2	30-minutes	Let danceSing take you on a musical trip down memory lane with their handpicked selection of 1950s classics.	All Stages	Radio, Music, Calm, Relax, Upbeat
2	30-minutes	Let danceSing take you on a musical trip down memory lane with their handpicked selection of 1960s classics.	All Stages	Radio, Music, Calm, Relax, Upbeat
3	30-minutes	Let danceSing take you on a musical trip down memory lane with their handpicked selection of JAZZY FESTIVE classics.	All Stages	Radio, Music, Calm, Relax, Upbeat
4	30-minutes	Let danceSing take you on a musical trip down memory lane with their handpicked selection of JAZZY FESTIVE classics.	All Stages	Radio, Music, Calm, Relax, Upbeat
5	30-minutes	Let danceSing take you on a musical trip down memory lane with their handpicked selection of TRADITIONAL FESTIVE classics.	All Stages	Radio, Music, Calm, Relax, Upbeat

MUSICAL CONCERTS - show list

Sit back, relax, and enjoy our magical danceSing Care musical concert.

Show	Duration	Overview	Dementia Friendly	Key Tags
1	20-minutes	POPULAR music medley performance of grand piano and flute covering a variety of popular uplifting music.	All Stages	Concert, Music, Singing, Calm, Relax, Upbeat
2	18-minutes	IRISH music medley performance of grand piano and flute covering a variety of popular uplifting music.	All Stages	Concert, Music, Singing, Calm, Relax, Upbeat
3	12-minutes	FESTIVE music medley performance of grand piano and flute covering a variety of popular uplifting music.	All Stages	Concert, Music, Singing, Calm, Relax, Upbeat

Appendix O: Interview and focus group guides

Phase 1

Semi-structured interview with residents

General overview of participation/adherence

1. What did you think about the danceSing Care online activities?
2. Did you manage to take part in the 3 movement and 1 music sessions a week? If not, why?
3. Can you tell me about your typical music and movement session?
4. What do you think about the length of the sessions? (Probe- would you say sessions were too long or too short)
5. Did you complete most of the sessions or had to stop at any point?
6. What did you like about the danceSing care activities?

Follow up questions

Did you prefer the movement or music activities? (depending on Q6 answer)
Is there anything you think was missing from the danceSing care sessions?

7. Was there anything you did not like?
8. What made you continue/stop to take part in the music and movement activities?

Residents' participation/benefits

9. Do you think the activities have improved your life in any way?
In what ways?
10. Would you like to continue to take part in the danceSing care activities? Why/why not?

Social support

11. Do you feel part of the danceSing Care family?
12. Has engaging in the music and movement activities brought you closer to other residents and staff?

Semi-structured focus group with staff

Go round for everyone to introduce themselves, role and the care home they work with.

General overview of participation/adherence

1. Can you tell me what your involvement in this danceSing care program has been ?
(considering we might have other care home staff joining the FG)
2. Did you manage engaging residents in the 3+1 sessions a week? If not, why?
3. Did residents complete sessions after stating? If not why?
4. Do you think the residents enjoyed taking part in the danceSing care activities?
Can you give some examples
5. Did you enjoy taking part in the danceSing care activities?- outcome
6. Did you prefer the music/movement or the singing activities?

Residents' and staff participation/benefits

7. What type of resident would you say came to a typical danceSing care session?
8. Did some residents use the danceSing care activities more than others? If so, why?
9. Did the class size grow or reduce? If so, why?
10. What do you think were the benefits of the danceSing care activities for residents?
11. What were any benefits of the danceSing care activities for you?
12. Would you like to carry on using the danceSing care activities with residents? Why/why not?

Delivery of danceSing care program

13. How did you find delivering the program?

14. What would you say helped with delivering the program?
15. Would you say delivering the program came with some challenges?
If so, in what ways?
16. If you could change something about this programme to make it work effectively in the care home, what would you change and why?

Social support

17. Do you feel part of danceSing care family/champions?
18. Would you say delivering the danceSing care activities has improved social connections between residents and staff?

Phase 2

Semi-structured interview with residents

General overview of participation/adherence

1. What did you think about the danceSing Care online activities?
2. What did you like about the danceSing care activities?

Follow up questions

- Did you prefer the movement or music activities?
 - Is there anything you think was missing from the danceSing care activities?
3. Was there anything you did not like?
 4. What would you say there was anything that made participation easier or difficult?
 5. Would you like to continue participating in the danceSing care activities?

Follow up question

- Why/why not?
 - Is there anything that would make this easier/difficult?
6. If you were in the control group, how did you feel about being on the waitlist for 12 weeks before participating in the music and movement sessions?
 7. What did you think of the survey/interview questions?
 8. What did you think about the saliva testing and physical function testing (Elaborate on what the physical function was)

Residents' participation/benefits

9. Do you think the danceSing care activities have impacted your wellbeing in any way?

In what ways?

Social support

10. Do you feel part of the danceSing Care family?
11. Has engaging in the music and movement activities brought you closer to other residents and staff?

Follow up

- In what ways?
- Or if not, why not?

Semi-structured interviews with staff

General overview of participation/adherence

1. Can you tell me what your involvement in the danceSing care programme has been?
2. Did you manage to engage residents in the 2+1 sessions a week? If not, why not?
3. Did residents do complete sessions after starting? If not why not?
4. Do you think the residents enjoyed taking part in the danceSing care activities?

Can you give some examples.

5. Did you think residents preferred the music or movement activities?
6. Was there anything you think they didn't like so much?

Residents' and staff participation/benefits

7. Do you think some residents were more involved in danceSing care activities more than others? If so, why?
8. What do you think made it easy or difficult for residents to participate?
9. What do you think was the impact of the danceSing care activities on residents' wellbeing?
10. How do you think residents in the waitlist control group felt about waiting for over 12 weeks before taking part in the danceSing care activities?
11. Would you say facilitating the danceSing care activities has had any effect on your wellbeing?

Follow up

- What effect and how?
12. Would you like to continue using the danceSing care activities with residents? Why/why not?

Delivery of danceSing care programme

13. How did you find delivering the programme?

Follow up

- Would you say delivering the programme came with some challenges?
- If so, in what ways ?
- What circumstances in the care home made delivery of the programme challenging?

14. What would you say helped with delivering the programme?
15. If you could change something about this programme to make it work effectively in the care home, what would you change and why?

Social support/wellbeing

16. Do you feel part of danceSing care family/champions?
17. Would you say delivering the danceSing care activities has improved social connections between residents and staff? If so, how/if not, why not?

Appendix P: TiDier Checklist

TiDieR	Checklist requirement	Protocol description
1.	Brief description of the intervention	danceSing care programme: digital music and movement resources to improve multidimensional health markers in older adults in care homes
2.	Rationale and theory of the elements essential to the intervention	<ul style="list-style-type: none"> Physical activity interventions, including multi-component (chair-based) exercises or dancing, and music therapies have been shown to improve multidimensional health markers in older adults Increasingly, innovative digital resources have been developed to influence physical activity in care homes
3.	Materials	<p>For the participant and activity coordinator:</p> <ul style="list-style-type: none"> Information folder about the danceSing care evaluation <p>For the activity coordinator:</p> <ul style="list-style-type: none"> Training day and protocol documentation, including how the danceSing care programme works Personal username and password to enter the digital danceSing care resources
4	Procedures	<ul style="list-style-type: none"> Randomisation to intervention or waitlist group (1:1) Participants were contacted before the pre-intervention testing to inform them of group allocation

		<ul style="list-style-type: none"> Intervention participants received the intervention from week 1 to week 12
5.	Who provided	<ul style="list-style-type: none"> All sessions were delivered by the activity coordinator of the care home All activity coordinators received an initial training session on how to engage participants in the programme during the trial and how to work with the digital resources
6	Mode of delivery	All sessions were group-based. Digital resources were provided on a big screen, under the supervision of the activity coordinator of the care home
7.	Location of delivery	<ul style="list-style-type: none"> Activity coordinator training sessions took place at the care homes danceSing care session took place in a communal room in the care home
8.	Intervention duration, intensity and dose	<ul style="list-style-type: none"> One music and up to 2 movement sessions each week for 12 weeks The sessions were of low-to-moderate intensity, at least 20 minutes, with a short warming-up and cooling-down part
9.	Tailoring	<ul style="list-style-type: none"> The sessions are labelled by a dementia friendly-tag, 'all stages' or 'mild-to-moderate' Movement sessions are labelled with tags like 'chair fitness' and 'standing fitness' and instructions are provided to adapt a standing or sitting posture during the sessions. The music and sing-along sessions are tailored to the music preferences of older adults

10.	Modifications	Adaptations to the programme were made after the feasibility study (Ofosu et al. 2023) – reduction in the number of sessions as noted above
11.	How well planned	<ul style="list-style-type: none"> • Attendance and adherence registers were given to the activity coordinators to be returned to the researchers every week • Researchers contacted the activity coordinator if the files were not sent through in time or if the attendance or adherence was not as expected
12	Delivered as planned	The intervention was delivered as planned in the intervention group

Appendix Q: Per protocol analysis of all outcome variables for participants with complete data (n = 27)

Variables	n	Baseline mean	Post-intervention mean	Mean difference	95% CI	p	Effect size (d)
Cortisol (ug/dL)	18	0.30	0.40	-0.10	[-.34, .15]	.41	-0.20
DHEA (pg/mL)	18	1455.40	2359.21	-903.81	[1267.26, -540.36]	<.001*	-1.24
Cortisol: DHEA	18	0.00028	0.00029	0.00001	[-.00011, .00018]	.61	0.12
HADS-Anxiety (0-21)	27	6.30	4.41	1.89	[.53, 3.25]	.01*	0.55
FES (0-21)	27	5.56	3.26	2.30	[.09, 4.50]	.04*	0.41
Dartmouth COOP (6-30)	27	15.96	14.56	1.41	[-.52, 3.34]	.15	0.29
HADS-Depression (0-21)	27	6.30	5.78	0.52	[-.80, 1.83]	.43	0.16
Brief UCLA loneliness (6-24)	26	12.50	10.42	2.08	[.41, 3.75]	.02*	0.50
PSS (0-40)	27	12.70	10.96	1.74	[-1.08, 4.56]	.22	0.24
STT (9-36)	27	30.26	31.47	-1.21	[-3.53, 1.11]	.29	-0.21
SPPB total score (0-12)	24	4.83	4.83	0.00	[-.92, .92]	1.00	0.00
SPPB balance (0-4)	24	1.96	1.75	0.21	[-.46, .88]	.53	0.13
SPPB gait speed (sec) (0-4)	24	2.17	2.42	0.25	[.56, .06]	.11	-0.34
SPPB chair stand (0-4)	24	0.71	0.67	0.04	[-.32, .40]	.81	0.05
Handgrip strength (kg)	24	0.96	0.92	0.04	[-.11, .19]	.58	0.12
Frailty total score (0-5)	24	2.67	2.67	0.00	[-.25, .25]	1.00	0.00

Note: FES: Falls Efficacy Scale International (7-item), Dartmouth COOP: Dartmouth Cooperative Functional Assessment Charts measure of health-related quality of life, HADS: Hospital Anxiety and Depression Scale, UCLA: University of California, Los Angeles, PSS: Perceived Stress Scale, STT: National Sleep Foundation Sleep Satisfaction Tool. * significance $p < 0.05$

Appendix R: Progression criteria

Progression criteria	Cut-off scores for each progression criterion	Grading with traffic light system	Meaning	Recommendations
Recruitment rates	<ul style="list-style-type: none"> Green (No Concern): Recruitment meets or exceeds the expected target. Amber (Minor Problem): The cut-off for amber is set at achieving 70-90% of the expected recruitment target. Red (Major Problem): Recruitment falls significantly below feasibility, with less than 70% of the expected target achieved. 	Green: Slightly lower than expected but feasible (94%)	If the recruitment rate is lower than expected but still feasible to achieve the required number of participants, additional efforts can be made to improve recruitment.	Additional efforts such as extending the recruitment period, implementing additional recruitment strategies (such as reaching out to more care homes or collaborating with other organisations), intensifying recruitment efforts (e.g., increasing advertisement or utilising referrals), modifying the design to include those without the capacity to consent can be considered.
Intervention Fidelity	<ul style="list-style-type: none"> Green (No Concern): High fidelity to the intervention protocol, with minimal or no deviations observed. Amber (Minor Problem): Moderate fidelity with some deviations from the protocol. The amber threshold is defined as adherence to 70-90% of 	Amber: Moderate intervention fidelity (88%)	This indicates room for improvement and adjustments in future implementations to enhance fidelity and ensure closer adherence to the intervention protocol. Attention should be given to addressing the identified deviations and barriers to ensure the	First, strategies can be implemented to enhance fidelity to the planned frequency, such as making it part of the weekly care home routine. Second, efforts should be made to promote adherence to the randomisation process by providing the activity coordinators with clear written guidelines and training. Addressing the identified barriers, such as providing additional support and training or allocating a separate ‘exercise room’, may also improve fidelity. Third, tracking adherence rather than calculating it at the end would help identify if

the key elements of the intervention.

- Red (Major Problem): Poor fidelity with significant deviations. Less than 70% adherence to the key elements of the intervention.

integrity of the intervention delivery.

randomisation protocols need addressing early on.

Attendance rate

- Green (No Concern): High attendance rates, with participants attending 75% or more of the scheduled sessions.
- Amber (Minor Problem): Moderate attendance, with participants attending 60-75% of the sessions.
- Red (Major Problem): Low attendance, with less than 60% attendance.

This category signifies participants completed the intervention or followed the protocol with minimal deviations or non-compliance, and there are some concerns regarding adherence.

Continuous attendance monitoring remains essential to identify any potential barriers or challenges that may impact attendance in the future. Ongoing assessment can help inform adjustments to the study protocol or provide additional support or reminders, if necessary, to improve attendance further.

Retention rate

- Green (No Concern): High retention rates, with 80% or more of the participants remaining in the study until its conclusion.
- Amber (Minor Problem): Moderate retention, with 60-79% of

This indicates that 80% or more participants were successfully retained with no immediate concerns and suggests that the study effectively maintained participant involvement and minimised attrition

Ongoing efforts such as proactive communication with participants, offering incentives or support, and ensuring clear expectations and benefits of participation can further enhance retention rates in future studies.

participants retained until the end of the study.

- Red (Major Problem): Low retention, with less than 60% of participants retained.

during the 12-week intervention period.

Safety rates

- Green (No Concern): No significant adverse events reported.

- Amber (Minor Problem): Minor adverse events reported, but these do not significantly impact the overall safety of the intervention. The amber threshold is defined as less than 5% of participants experiencing minor adverse events.

- Red (Major Problem): Significant adverse events reported, affecting more than 5% of participants, or any severe adverse event, regardless of frequency.

Green: No significant adverse events were reported, with no concerns.

This indicates that the study can proceed as planned without substantial safety issues.

Continuous monitoring allows for identifying and appropriately managing potential adverse events, even if they are minor or expected.

Appendix S: Intervention fidelity and attendance of participants

Care Home	Number Sessions Offered Per Week												Total	% Sessions Offered	Average sessions per week	% Attendance of participants
	1	2	3	4	5	6	7	8	9	10	11	12				
1	3	3	3	4	2	3	3	2	3	2	0	0	28	78%	2	82%
2	2	0	2	2	2	4	0	2	1	2	2	2	21	58%	2	60%
3	4	3	3	3	3	3	3	4	3	4	6	4	43	119%	4	89%
4	2	3	3	3	3	3	3	3	3	3	3	3	35	97%	3	56%

Note: Care home 1 = Heatherfield, 2 = Larkfield View, 3 = Beechwood, and 4 = Almond View care home.

Appendix T: Care Home Evaluation Workplace Wellbeing Survey

Overall, how happy have you felt within the last week?	out of 10
How happy have you felt within the last 6 months?	out of 10
How would you rate your work life balance?	out of 5
Would you say over the last 12 months your work life balance has...	improved, stayed the same, got worse
Please tell us why you think your work life balanced has got worse	
How well would you say you are managing financially these days? Would you say you are...?	living comfortably, doing alright, just about getting by, finding it quite difficult, finding it very difficult
In the last month how often have you had to think about how you will manage your finances?	every day, weekly, once or twice, not at all
Would you say you are worried about how you will manage financially in the future?	Very, a little, not at all
How regularly do you manage to eat a healthy and balanced diet?	once a week, 2-3x a week, 4-6x a week, every day
Do you feel your wellbeing is supported by Christadelphian Care Homes?	most of the time, some of the time, none of the time
Please explain why you feel your wellbeing is not supported?	
How satisfied are you with the ways in which Christadelphian Care Homes supports your wellbeing?	out of 5
Do you look forward to coming to work most days?	Yes, no
Please tell us why you don't look forward to coming to work.	
When you are at work how often do you	joyful, safe, anxious, productive, overworked
How do you feel about your role overall?	very happy, mostly happy, neutral, mostly unhappy, very unhappy
Please tell us more about why you are unhappy in your role?	
What are some of the things you enjoy about working at Christadelphian Care Homes?	
What impact do you feel work has on your health?	Positive, no impact, negative
Please expand on your answer.	

In the last three months have you ever come to work despite not feeling well enough to perform your duties?	Yes, no
Please tell us more about why you chose to come to work despite feeling unwell.	
Would you be confident talking to your supervisor about a mental health problem (which might include anxiety, stress or depression).	Yes, maybe (depending on the problem) no
Do you believe that your supervisor would listen to you concerns and take appropriate action?	yes, no
Please expand on your answer	
Do you think that working excessive hours is discouraged at Christadelphian Care Homes?	always, some of the time, never
Please expand on your answer2	
Over the last 12 months have you ever felt stress from work has affected your personal life?	yes, no
How often do you spend time outside of work thinking about or dealing with matters related to work?	daily, weekly, monthly, never
How could we improve the ways in which we support our colleagues' wellbeing?	
Do you know where to get support if you are struggling with your wellbeing?	yes, no
You can get support through AXA (our Employee Assistance Programme). To access this resource you can: Ring 0800 072 7072 Visit www.axasupported.co.uk	
Where do you work?	
What department do you work in?	
Please use the below to share any further comments you have about wellbeing within Christadelphian Care Homes	