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Appendices

Appendix 1: CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract		**Note: many checklist item are 'N/A' for our study due to this being a pilot feasibility RCT.**	
	1a	Identification as a randomised trial in the title	1
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	2
Introduction Background and objectives	2a	Scientific background and explanation of rationale	4/5
	2b	Specific objectives or hypotheses	5
Methods Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	5
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	No changes
Participants	4a	Eligibility criteria for participants	6
	4b	Settings and locations where the data were collected	6
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	6/7
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	7 (candidate outcome measures outlined)
	6b	Any changes to trial outcomes after the trial commenced, with reasons	No changes
Sample size	7a	How sample size was determined	8
	7b	When applicable, explanation of any interim analyses and stopping guidelines	N/A

1

Randomisation:				
Sequence generation	8a	Method used to generate the random allocation sequence		8/9
	8b	Type of randomisation; details of any restriction (such as blocking and block size)		8/9
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned		8/9
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions		8/9
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how		N/A
	11b	If relevant, description of the similarity of interventions		N/A
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes		N/A
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses		9
Results				
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome		Figure 1
	13b	For each group, losses and exclusions after randomisation, together with reasons		10
Recruitment	14a	Dates defining the periods of recruitment and follow-up		10
	14b	Why the trial ended or was stopped		N/A
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group		11
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups		N/A
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)		N/A
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended		N/A

2

Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	13-16
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	16
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	17
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	N/A
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	N/A
Other information			
Registration	23	Registration number and name of trial registry	2
Protocol	24	Where the full trial protocol can be accessed, if available	5
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	19

* Eldridge SM, Chan CL, Campbell MJ, et al. CONSORT 2010 statement: extension to randomised pilot and feasibility trials. BMJ 2016;355:i5239. doi: 10.1136/bmj.i5239

3

Appendix 2: Borek et al.'s (2015)* checklist to improve reporting of group-based behaviour change interventions.

Reporting elements	Description	Reported: Yes/No
Intervention design		
1. Intervention source or development methods	Describes the source (origin) and/or methods used for developing the intervention.	Yes (p5 and protocol)
2. General setting	Reports the type of setting where the group sessions were delivered.	Yes (p6)
3. Venue characteristics	Describes the set up or configuration of the room (or other venue) where the group meetings took place.	Yes (p7)
4. Total number of group sessions	The total number of group sessions in the program is reported or it is possible for this to be calculated.	Yes (p6)
5. Length of group sessions	Reports the length of group sessions (average and/or range).	Yes (p6)
6. Frequency of group sessions	Reports the frequency of group sessions, i.e., how often they were delivered.	Yes (p6)
7. Duration of the intervention	Reports the duration of the intervention, i.e., over what period of time the group sessions were delivered.	Yes (p6)
Intervention content		
8. Change mechanisms or theories of change	Describes how the intervention was intended to work by identifying change mechanisms or underpinning theories of behaviour change.	Yes (p5 and protocol)
9. Change techniques	Describes the techniques used in group sessions to prompt change. These may be derived from the mechanisms or theories of change, and may use established taxonomies of behaviour change.	Yes (p5 and protocol)
10. Session content	Describes the content of the sessions in terms of themes or topics covered, i.e., what the sessions were about.	Yes (p6)
11. Sequencing of sessions	Indicates whether there is a logical (sequential) progression of session content or, alternatively, that the content of all sessions is the same, i.e., a repetitive, or "rolling", program with no particular start or end point.	Yes (p6)
12. Participants' materials	Reports what materials or tools the participants used during and outside the group sessions.	Yes (p6)
13. Activities during the sessions	Describes what the participants and the facilitators did during group sessions, i.e., what happened during the sessions.	Yes (p6)
14. Methods for checking fidelity of delivery	Reports methods used to check the fidelity of intervention delivery, i.e., methods used to check if the sessions were delivered as designed.	Yes (p7)
Participants		

4

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15. Group composition	Provides information on the composition of the groups in the intervention, i.e., who were the participants in the groups or whether there were any differences in the participants' characteristics between groups.	Yes (p10/11)
16. Methods for group allocation	Describes methods used to allocate the participants to different groups.	Yes (p8)
17. Continuity of participants' group membership	Indicates whether there was continuity in participants' membership in a group throughout the program or if participants could switch between different groups.	Yes (p6)
18. Group size	Reports the number of participants per group (average and/or range).	Yes (p11)
Facilitators		
19. Number of facilitators	Reports the number of facilitators delivering the sessions, i.e., how many facilitators delivered each of the sessions.	Yes (p6)
20. Continuity of facilitators' group assignment	Indicates whether there was continuity in facilitator's assignment to a group throughout the intervention, i.e., if the same or different facilitator(s) delivered the sessions to each group of participants.	Yes (p7)
21. Facilitators' professional background	Reports facilitators' professional background, status as a non-professional, or relevant qualifications.	Yes (p6)
22. Facilitators' personal characteristics	Reports relevant personal characteristics of the facilitators, i.e., who they were in terms of age, gender, ethnic or cultural background, education level, socio-economic status etc.	No
23. Facilitators' training in intervention delivery	Reports what training in delivering the intervention the facilitators were provided with.	Yes (p7)
24. Facilitators' training in group facilitation	Reports what training in group facilitation methods the facilitators were provided with, i.e., how to work with and facilitate groups.	Yes (p7)
25. Facilitators' materials	Reports whether the facilitators were provided with materials and/or written instructions to be used to guide delivery of the sessions.	Yes (p7)
26. Intended facilitation style	Describes the intended style of, or approach for, the session delivery and group facilitation.	Yes (p7)

* Borek AJ, Abraham C, Smith JR, et al. A checklist to improve reporting of group-based behaviour-change interventions. BMC Public Health 2015;15(1):963. doi: 10.1186/s12889-015-2300-6

5

Appendix 3: Standards for Reporting Qualitative Research (SRQR)* checklist

Title and abstract	**Page**
Title - Concise description of the nature and topic of the study identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended	N/A- primarily a pilot feasibility randomised controlled trial including qualitative element
Abstract - Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions	Page 2

Introduction

Problem formulation - Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement	Pages 4-5
Purpose or research question - Purpose of the study and specific objectives or questions	Page 5

Methods

Qualitative approach and research paradigm - Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/ interpretivist) is also recommended; rationale**	Page 9 (partial)
Researcher characteristics and reflexivity - Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability	Page 9 (partial)

Page 10 |
Context - Setting/site and salient contextual factors; rationale**	Page 8 (partial)
Sampling strategy - How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale**	Page 6 and 8 (partial)
Ethical issues pertaining to human subjects - Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues	Page 5
Data collection methods - Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale**	Page 5 onwards (partial)
Data collection instruments and technologies - Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the instrument(s) changed over the course of the study	Page 7

6

Units of study - Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)	Page 8
Data processing - Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymization/de-identification of excerpts	Page 10
Data analysis - Process by which inferences, themes, etc., were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale**	Page 9 (partial)
Techniques to enhance trustworthiness - Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation) ; rationale**	Page 9 (partial)

Results/findings

Synthesis and interpretation - Main findings (e.g., interpretations, inferences, and themes); might include development of a theory or model, or integration with prior research or theory	Pages 14-15
Links to empirical data - Evidence (e.g., quotes, field notes, text excerpts, photographs) to substantiate analytic findings	Appendix 5

Discussion

Integration with prior work, implications, transferability, and contribution(s) to the field - Short summary of main findings; explanation of how findings and conclusions connect to, support, elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of application/generalizability; identification of unique contribution(s) to scholarship in a discipline or field	Pages 14-15
Limitations - Trustworthiness and limitations of findings	Pages 17-18

Other

Conflicts of interest - Potential sources of influence or perceived influence on study conduct and conclusions; how these were managed	Page 20
Funding - Sources of funding and other support; role of funders in data collection, interpretation, and reporting	Page 19

* O'Brien BC, Harris IB, Beckman TJ, et al. Standards for reporting qualitative research: A synthesis of recommendations. *Academic Medicine* 2014;89(9):1245-51. doi: 10.1097/acm.0000000000000388
**The rationale should briefly discuss the justification for choosing that theory, approach, method, or technique rather than other options available, the assumptions and limitations implicit in those choices, and how those choices influence study conclusions and transferability. As appropriate, the rationale for several items might be discussed together.

Appendix 4: Topic guides for qualitative interviews

<u>Topic guide for control group</u>

General introduction questions:

You've been helping with the SPA study and I'd like to ask you some questions about your aphasia and taking part in the research

Aphasia related questions:

These questions are about your aphasia:

- What impact has aphasia had on your life?
    - *How have you managed?*

- **Now that the study is over, do you think your aphasia has changed at all?**

SPA research questions:

You have been helping our research by completing assessments. The questions I am going to ask you now are about this experience.

- **What made you decide to take part in this research study?**

As a participant, you could have been put into either the singing group or another group that did not sing. This was decided randomly, like by the toss of a coin.

- **Did you understand the process? Was it explained clearly?**
- **How did you feel about getting allocated to the SPA control group?**
- **Did you go and join a singing group because you didn't get allocated to the singing group?**
- **Did you join any other groups?**
- Did you read the resource information booklet you were given?
    - *Was there anything interesting in it?*
    - *Was there anything useful in it for you?*
- **Did you find the assessments/questionnaires difficult?**
- **Did you find the assessments/questionnaires easy?**
- Overall was taking part in the research study positive or negative?
    - *Was it positive? Were you glad you did it?*
    - *Was it negative? In what way?*

- Have you changed any social activities that you do?

- Would you encourage a friend to take part in research like SPA?

- Is there anything else you'd like to say about taking part in this study?

Topic guide for intervention group

General introduction questions:

You've been helping with the SPA study and I'd like to ask you some questions about your aphasia, the singing group and taking part in the research

Aphasia related questions:

These questions are about your aphasia:

- What impact has aphasia had on your life?
    - *How have you managed?*

- **Now that the study is over, do you think your aphasia has changed at all?**

SPA singing programme:

These questions are about the 10-week SPA singing programme

- What did you hope for from taking part in the singing programme?
- What did you think of the singing programme?
    - *What did you enjoy?*
    - *What did you dislike?*
- Did you like the way the facilitator worked?
    - *Is there anything you didn't like about the way the facilitator worked*
- Did you feel supported?
- Was the singing champion helpful?
    - *In what way?*
- Was the singing champion unhelpful?
    - *In what way?*
- **Did you feel part of the group?**
    - *In what way?*
- **Did you like being part of the group?**
    - *In what way?*
- Has the singing group made any difference to you?
    - *Are you doing anything differently?*
    - *What are you doing differently?*
- If we ran a singing programme again, how could we improve it?
- **Now the singing programme has finished will you continue to go to a group/groups?**
    - *Can you explain a bit about this?*

SPA research questions:

As well as taking part in the singing programme, you have been helping our research by completing assessments. The questions I am going to ask you now are about this experience.

- **What made you decide to take part in this research study?**

As a participant, you could have been put into either the singing group or another group that did not sing. This was decided randomly, like by the toss of a coin.

- **Did you understand the process? Was it explained clearly?**
- **How did you feel about getting allocated to the SPA singing group?**

9

- o *If you had not been allocated to the the SPA singing group, would you have been tempted to go and join another singing group instead?*
  - o *Did you join any other groups?*
- Did you read the resource information booklet you were given?
  - o *Was there anything interesting in it?*
  - o *Was there anything useful in it for you?*
- **Did you find the assessments/questionnaires difficult?**
- **Did you find the assessments/questionnaires easy?**
- Overall was taking part in the research study positive or negative?
  - o *Was it positive? Were you glad you did it?*
  - o *Was it negative? In what way?*
- Have you changed any social activities that you do?
- Would you encourage a friend to take part in research like SPA?
- Is there anything else you'd like to say about taking part in this study?

Topic guide for facilitators

Experiences in preparation for the SPA study

- Why did you agree to take part in SPA?
- Please tell me your thoughts about the preparation and training you were given to deliver the SPA singing programme
  - What was useful to you?
  - What was less useful or unhelpful?
  - What did you think of any information, training materials or documents you received?
  - How could it be improved if we were to do it again?
  - What were you hoping for from taking part in the SPA programme?
    Prompts: goals, hopes for the content and process, how it would be run
- Did you have any concerns about delivering SPA as specified? If so, what were these?
- If another facilitator was interested in delivering a SPA programme, what would you tell them?
    Prompts: how would you describe what it involves; what advice would you give?

Experience in delivery of SPA

- Tell me about your experiences of delivering the SPA singing programme
  - How did you modify your approach for this group of participants?
  - How difficult was it to address interaction between participants and group bonding as discussed in training sessions?
  - What went well?
  - What went less well?
  - What were the barriers / challenges? How did you address them?
  - How well were you able to address individual needs within the singing group?
  - How did you find working with a singing champion? What was helpful/unhelpful?
  - Would you change the criteria for joining the singing group? If so, how?
  - How was the venue? (environment, location, accessibility)
  - How were the resources (what would you regard as essential for facilitating the SPA singing group?)
  - How would you change the SPA singing programme to make it better?

Adverse events

- Are you aware of any "adverse events" (e.g. accidents, physical injuries, people being very upset) either for the clients or yourself as a result of involvement in SPA? [if so, summarise and ensure they have been or will be formally documented]

Taking part in the study

- What was it like to be involved in this study?
  - What did you like / dislike?
  - What went well / less well?
  - What was it like to be videoed?
- How did you find doing the required paperwork/checklists?
- How did you find the preparation to take part?
  - How were the training sessions?
- What did you think of the terms of employment (pay, conditions, leave)?
- How helpful were the Intervention Manual and Quick Reference guide?
- Would you change anything to improve the facilitator experience in a future trial?
- Would you be interested in taking part in future related research?
- Do you want a report of the outcomes of this trial?
- Is there anything else you would like to say about taking part in this programme or study?

Topic guide for singing champion

Experiences in preparation for the SPA study

- Why did you agree to take part in SPA?
- Please tell me your thoughts about the preparation you were given to help with the SPA singing programme
    - What was useful to you?
    - What was less useful or unhelpful?
    - What did you think of any information or documents you received?
    - How could it be improved if we were to do it again?
    - What were you hoping for from taking part in the SPA programme?
      Prompts: goals, hopes for the content and process, how it would be run
- Did you have any concerns about your role in SPA as specified? If so, what were these?
- If another singing champion was interested in helping with a SPA programme, what would you tell them?
  Prompts: how would you describe what it involves; what advice would you give?

Experience in delivery of SPA

- Tell me about your experiences of helping with the SPA singing programme
    - What was your approach for this group of participants?
    - How difficult was it to address interaction between participants and group bonding as discussed prior to the singing programme?
    - What went well?
    - What went less well?
    - What were the barriers / challenges? How did you address them?
    - How well were you able to address individual needs within the singing group?
    - How did you find working with a facilitator? What was helpful/unhelpful?
    - Would you change the criteria for joining the singing group? If so, how?
    - How was the venue? (environment, location, accessibility)
    - How were the resources (what would you regard as essential for facilitating the SPA singing group?)
    - How would you change the SPA singing programme to make it better?

Adverse events

- Are you aware of any "adverse events" (e.g. accidents, physical injuries, people being very upset) either for the clients or yourself as a result of involvement in SPA? [if so, summarise and ensure they have been or will be formally documented]

Taking part in the study

- What was it like to be involved in this study?
    - What did you like / dislike?
    - What went well / less well?
    - What was it like to be videoed?
- How did you find the preparation to take part?
- What did you think of the terms of employment (pay, conditions, leave)?
- Would you change anything to improve the singing champion experience in a future trial?
- Would you be interested in taking part in future related research?
- Do you want a report of the outcomes of this trial?
- Is there anything else you would like to say about taking part in this programme or study?

Appendix 5: Health economic evaluation: Course running costs*

Site (N)	Cost per course (£)			Total cost (£)
	South Devon (7)	**Plymouth (7)**	**Exeter (6)**	
Salary				
Music facilitators	£1,055.75	£1,187.72	£633.45	£2,725.00
Music facilitator training	£369.51	£415.70	£0.00	£743.75
*Singing champion**	£263.94	£237.54	£211.15	£675.00
Trainer	£103.36	£103.36	£103.36	£310.08
Administrator cohort set-up (42 hours)	£336.00	£336.00	£336.00	£1,008.00
Senior coordinator of sessions (15.25 hours)	£168.00	£127.20	£72.00	£367.20
Junior coordinator of sessions (20 hours)	£131.22	£44.48	£47.82	£223.51
Assistant during singing session (15.25 hours)	£286.50	£47.82	£44.48	£378.80
Sub-total (training costs)	£472.87	£519.06	£103.36	£1,095.29
Sub-total (salary)	**£2,714.28**	**£2,499.82**	**£1,448.26**	**£6,662.35**
Course				
Facilitator travel	£0.00	£0.00	£0.00	£0.00
Singing champion travel	£190.04	£220.63	£14.78	£425.45
Course materials				
Song books (20 books total)	£9.16	£11.31	£9.19	£29.66
Percussion instruments	£0.00	£8.80	£0.00	£8.80
Other materials for course (badges, flip charts)	£5.54	£14.35	£13.20	£33.09
Other materials for course set-up	£7.24	£7.24	£5.88	£20.36
Hospitality (venue costs)	£239.34	£239.34	£239.34	£718.02
Refreshments	£33.51	£17.79	£37.52	£88.82
Sub-total (course)	**£484.83**	**£519.46**	**£316.34**	**£1,324.20**
Total cost of intervention (salary + course)	**£3,199.11**	**£3,019.28**	**£1,768.85**	**£7,986.55**
Intervention costs per participant				
Cost per participant (including training)	£457.02	£431.33	£294.69	£399.33
Cost per participant (excluding training)	£389.46	£357.17	£277.47	£344.56
Cost per participant (excluding training and assistance during singing sessions which may be provided by another carer)	£348.53	£350.34	£270.05	£325.62

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*Inflation based on the Adult Personal Social Services (PSS) pay and prices index calculated by the Department of Health and Social Care (DHSC) and shown in Section 15.4.1 , P154 Curtis 2019. Percentage annual increase from previous year is 2017-2018 2.5, 2018-2019 3.0.

** unit cost based on experience of within trial payment of £25 in 2017 prices and adjusted to 2019 prices.

Health economic evaluation: Utilisation of services

	Primary care			Secondary care			Other care	
	Control (minutes)	**Intervention (minutes)**		**Control (visits)**	**Intervention (attendance)**		**Control (minutes)**	**Intervention (minutes)**
GP Surgery visits Total	170	347	Nights overstay visits	0	6	Speech and Language Therapist visits	0	180
GP home visits	50	0	A&E Contact	0	2	Social Worker visits	60	20
GP phone calls	53	20	A&E Admission	0	1	Home Help visits	0	3150
Practice Nurse surgery visits	155	125	Ambulance services	0	2	Day centre/Drop-in centre contacts	58	8
District Nurse visits	0	0						
Total	**428**	**492**	**Total**	**0**	**11**	**Total**	**118**	**3358**

14

Appendix 6: Participant quotes from qualitative interviews

Theme: Acceptability of the research process

'Well, I think it helps to focus on not just having to make conversation, so, you know, there's an activity that people can focus on and it takes ... their mind off having to make connections' Carer

'I just felt that if there was some – by doing some research you could actually get some benefit so that in the future you could help other people as well.' Participant

'I have a fascination with the well-being aspects of singing ... to be part of a research study was important to me, really, with how I feel about (how) singing benefits human beings.' Facilitator

'And the manual itself doesn't feel like it's 'you must', it's a guideline ... Definitely use the manual and, um, but still be your own facilitator-self and use whatever tools you need to help make that possible and have a nice broad range of things to draw upon.' Facilitator

'Because from a research project perspective there are certain things you have to do every week and so the time of – the time taken up by creating the name of the group and creating the goal of the group is a lot longer than you perhaps anticipated.' Facilitator

'Because I've had a stroke as well, um, means that I'm very aware of how isolated you feel after a stroke and that being part of a group and working with a team of people is – it's an important thing to encourage and engender, I think.' Singing champion

'Because I've had a stroke it's easy for me to, um, miss, um, the fine detail in things, and because of that, um, if something like that where they say well, we'd like you, if you wouldn't mind doing a bit of this, and do some of this and um, maybe put these – do this study for us because we'd like to see what you think about this, well, that's a good thing for me because I – it gets my brain going.' Singing champion

[reflecting on role of singing champion] *'He definitely helped with the conversation and because he has aphasia himself he was able to sort of say what was difficult for him, but still offer it out that it might not be the same for other people...'* Facilitator

Theme: Perceptions about group development

'She was very understanding, she was very clear in what she wanted us to do, she didn't, um, er, what's the word I'm looking for, um, you know, big words and everything, she was one of us, sort of thing.' Participant

'I think [name of facilitator] is quite marvellous as the, um, as the focus of these groups… Um, particularly her use of kind of yoga techniques, when we do breathing exercises she's extremely good and also trying to take quite complex ideas and she uses very simple visual metaphors to make them work.' Singing champion

'I think the fact that when we got down here, had coffee, biscuit maybe, or whatever, um, I think that gave time for people to find out about each other… which was helpful. 'Cos it wouldn't have been the same if you'd just sat down and started singing.' Participant

'I think the difficulty there with getting them to bond was more about demographics. So, there were some … very different people from different backgrounds, so there was one lady from one of the less affluent parts of the city, um, and from a completely different educational background …' Facilitator

'We were all so different, we just all gelled … The age difference between the people with aphasia and the different levels of it, you know, and you could see that [name of participant] really struggled and then, after a few weeks, he was coming out of it.' Carer

[Talking about the group goal] *'It sort of rounded everything off, and it gave us an ultimate aim, you know. To start off with I didn't think we were going that way, but within a couple of weeks she (facilitator) started talking about a name for the group and it was sort of pulling us together.'* Carer

'It's really good that they're invited, but I think it needs to be made clear that they do not have an equal part in the group and that the group is for the people with aphasia and that even if they wish to take part in the singing, which they can do, they need to sit back at the chatting.' Facilitator

'You need enough space for singing, for people to move about, for air to circulate, but you can't have a room that can fit eighty people in when you've got six … It's too much space for them to fill.' Facilitator

'Maybe make it a twelve-week thing, 'cos then within it people could have two weeks off…' Facilitator

Theme: Impact of taking part in the SPA intervention

'It sort of did bring my confidence back, you know, 'cos you do, when you have a stroke your confidence do go back a bit, cos you can't do this, you can't do that.' Participant

'If anything it has encouraged me to think "Actually, yeah, maybe I could do that".' Participant

Interviewer: *'Do you think being part of it has made a difference to you at all?'*

Participant: *'I was yeah … but not now. It's gone.'*

'You have to look at venues to make sure it's OK for her to get in, you have to make sure for parking, so before you even start to do anything you're worn out.' Carer

'They were genuinely loving towards each other … it was just absolutely glorious to feel that, when they were baking each other birthday cakes and bringing in things and offering things and offering friendship and swapping phone numbers with each other.' Facilitator

Theme: Aspects of working with people with aphasia

'I had to modify it a lot because what I do with my normal choirs is about pushing and stretching and teaching them lots of different things at a very fast pace.' Facilitator

'I might have slowed things ever so slightly, I might have given a bit more time to move around in the room, for example, whereas I would have done a few more standing activities, but I didn't, I knew that there was at least two people in the group who would find it very difficult to stand when singing … I felt that they would feel excluded if everyone stood up.' Facilitator

'Some of the songs in quite long format – we are working out gradually what feels most comfortable' Facilitator

'The fear of another stroke is really high up on their daily agenda, with all of them. So, listening to how stressed or anxious they are in the chatting time as individuals, was really, really important.' Facilitator

Appendix 7: AE/ SAEs reported at 3-month and 6-month follow-up assessments

AE/SAEs reported at 3-month follow-up assessment

Group	3m Follow-up	Total	Related	Probable	Possible	Unrelated	Ns Reporting events
SPA	AE	22	0	0	1	21	12
	SAE	1	0	0	0	1	1
Control	AE	22	0	0	0	22	11
	SAE	0	0	0	0	0	0

AE/SAEs reported at 6-month follow-up assessment

Group	6m Follow-up	Total	Related	Probable	Possible	Unrelated	Ns Reporting events
SPA	AE	21	1	0	0	20	13
	SAE	1	0	0	0	1	1
Control	AE	23	0	0	0	23	12
	SAE	1	0	0	0	1	1