

Barriers and facilitators to accessing and engaging with community-based singing support services in dementia

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Abstract

Background: Community-based singing services can offer beneficial post-diagnostic support for people living with dementia and their carers. However, despite the benefits, many people with dementia and their carers encounter barriers when trying to access and engage with such groups. This study examined the barriers and facilitators to access and engagement with a singing community support group.

Methods: Semi-structured interviews were conducted with people living with dementia, carers, session leaders and volunteers who attended or were involved with a singing support service named “Lyrics and Lunch”. The interviews focused on the accessibility of the service. Interviews were analysed using thematic analysis which was supported by public advisors.

Results: Twenty-six people participated in the study. This consisted of seven people living with dementia, 11 unpaid carers, four-session leaders and four volunteers. Three overarching themes were found relating to barriers to access and engagement with singing intervention services: 1) travel, 2) increased reliance on carers and 3) health comorbidities. Two further themes relating to facilitators were found: 1) engagement with music and 2) promoting effective communication and accessibility.

Conclusions: A wider availability of support services is needed to improve ease of access, promote continued engagement and reduce travel demands. A greater understanding of these barriers and facilitators could help to improve the accessibility of current community-based singing support groups.

Keywords: Singing, music, barriers, facilitators, access, engagement

Background

It is estimated that over 55 million people are living with dementia worldwide [1] with more than 944,000 living with dementia in the UK [2]. Dementia leads to deteriorations in cognitive functioning including language, learning and memory [3] and the ability to perform activities of daily living such as getting dressed, managing finances and preparing a hot meal [4,5]. The impacts of dementia often extend beyond the effects on cognition and often lead to behavioural and psychological changes including anxiety, depression and agitation. Post-diagnostic care and support for people with dementia and their carers is important and can lead to better health outcomes for both people with dementia and their carers. This can include activities in the community, paid carer support, local support groups, a befriending service, accessing a day centre or adaptations to the home [6].

Delivering affordable, sustainable and accessible post-diagnostic support to people with dementia and their carers is a global challenge [7]. Evidence suggests that there is currently a lack of services and accessible post-diagnostic support, particularly in the later stages of the condition [8,9]. Additionally, the provision of post-diagnostic support has been negatively impacted by the COVID-19 pandemic [10,11], resulting in reduced availability and access to support services for people with dementia and their carers. Access to community-based support groups can reduce feelings of social isolation and help people with dementia and their carers feel more supported within their communities [12,13]. Research has shown that community support groups promote independence and may even reduce or delay the need for more costly and advanced forms of support such as home support, respite or residential care [14]. It is therefore important to prioritise the provision of widely available and accessible post-diagnostic support in multiple forms.

Social support and care such as day centres, respite care, community support groups, and paid home carers, are fundamental in helping people with dementia and their carers to live well and alleviate caring pressures and duties [15]. People living with dementia often struggle to get the support and care they need post-diagnosis, and this is a problem both nationally and globally [16,17]. There are several barriers and inequalities in the availability and accessibility of dementia care and support including geographical location, living situation, age, gender, education, household finances, and dementia subtype [18,19]. For example, people with dementia living in rural or more deprived areas often have reduced availability, choice and awareness of services which creates additional barriers to accessing vital support services [20] and those living alone and without informal carer support encounter more barriers than those with informal carer support [21]. Furthermore, support services are often designed for people with Alzheimer's disease or older adults, making them less suitable or appropriate for those with rarer forms of dementia, such as young-onset dementia or dementia with Lewy bodies, due to differences in symptoms or age [22]. It is also often the case that these individual barriers do not operate separately and interact, creating complex and difficult barriers to accessing appropriate and effective support and care.

When caring for and supporting people living with dementia a person-centred approach should be used. The term person-centred care was first introduced by Kitwood [23] who believed that the environment has as much of an effect on the brain as the brain has on people with dementia abilities. Kitwood [23] rejected the standard rigid medical approach to treating dementia and believed that the basic assumptions in the medical science of dementia and caregiving were too negative and predictable. Kitwood and Bredin [24] put forward evidence that dementia does not progress in a universal, consistent or linear manner. It was suggested that the condition varies substantially from person to person and found a need for high-quality

interpersonal care that is respectful, develops trusting relationships and focuses on personhood. Person-centred care provides a framework of values that are humanitarian, ethical and respectful of the person living with dementia [25,26]. It has been argued that person-centred care can be provided by practitioners by focusing on the selves of people living with dementia [27] and maintaining the person's identity. Person-centred care approaches have influenced policies on care provided, with governing bodies in the UK arguing for the need for holistic societal approaches to supporting those living with dementia. It is argued that community support, family, carers and health and care services, are developed around the person with dementia with a person-centred approach. For community support to be effective there must be good public awareness, education and acceptance of dementia alongside services that are proactive, available and accessible [28]. For person-centred care to be fully effective, community support and engagement plays a key role. The adoption of person-centred approaches within the community could improve accessibility and care delivery, reduce barriers and help people with dementia and their carers to have access to appropriate, engaging and tailored support.

Community-based singing support services are an engaging form of post-diagnostic support for both people with dementia and their carers. Singing can act as a form of cognitive stimulation, by combining language, music and instinctive human behaviour to enhance neurological stimulation [29]. Singing has been linked to improved memory, cognition and language abilities as it stimulates brain pathways other than in plain speech [30]. Singing involves listening to oneself and others, contributing to the development and refinement of auditory processing skills [31]. In addition, music support services have been found to improve mood, levels of agitation and quality of life for people living with dementia [32-34]. Research has demonstrated that carers also experience benefits of music interventions in the form of improved mood, quality of life and reduced feelings of social isolation. When attended together, music interventions have been found to improve the relationship between the person with dementia and their unpaid carers in addition to easing the carer burden [35]. Due to this, it is vital to have community support groups that are accessible to both people living with dementia and their carers. However, despite the benefits, many people with dementia and their carers encounter barriers when trying to access music-based support groups. These barriers are likely to be greater for people in certain geographical locations and due to certain sociodemographic factors, such as age, socioeconomic position or ethnicity. These factors likely contribute to known inequalities in dementia care and support. These barriers can result in people with dementia and their carers failing to access potentially beneficial support.

Wider research into fostering dementia-friendly communities and promoting engagement with community support has found that dementia-friendly communities foster social inclusion. However, a lack of resources and difficulty ensuring representation from marginalised groups provides challenges [36]. This lack of resources and availability of tailored appropriate support services likely creates barriers to engagement [37]. Studies have identified barriers to dementia service use which include a lack of information; stigma; costs associated with accessing services; inappropriate support services; and problems navigating the system [38,39]. Further research into access to community services has identified a wide range of barriers, from systemic issues like infrastructure and cultural differences to individual and interpersonal factors, such as caregiver support, awareness, and attitudes. These barriers significantly impact the quality of life for people with dementia and may reduce the time they can remain in their own homes or communities [40]. Caregivers play a pivotal role in facilitating access to and engagement with dementia support services [40]. A study addressing caregiver barriers to service use proposed six key recommendations for dementia service organisations to overcome these challenges: 1) be proactive and schedule regular meetings; 2) use consistent, empathy support to build relationships; 3) provide support groups; 4) tailor support;

5) ensure expert knowledge and promote knowledge exchange; 6) promote the organisation and services offered [37].

While there is substantial research on the barriers and facilitators to accessing dementia support services, there remains a gap in understanding the specific barriers and facilitators associated with singing-based community support groups. Further exploration across a range of key stakeholders is needed to address this gap. A greater understanding of these barriers and facilitators, particularly in rural areas, could help to improve the accessibility of current community-based singing support groups. The primary objective of this paper is to develop a greater understanding of barriers and facilitators to accessing a community-based singing support known as “Lyrics and Lunch”. The following research question will be addressed: What barriers and facilitators are encountered by people living with dementia and their carers when accessing a community-based music support group?

Methods

Setting

Lyrics and Lunch is a registered charity support group located across England. Data were collected from five Lyrics and Lunch groups, four of which were located in the Northwest of England and one in the Southeast of England. Most groups were based in towns with some participants travelling from nearby rural areas. The Lyrics and Lunch groups aim to serve people with dementia and their carers by providing a singing group and a nourishing lunch in a sociable community environment, often in local church halls. The sessions take place either weekly or biweekly and last approximately 2 hours. The first hour consists of a sociable lunch followed by an hour of singing. Lyrics and Lunch is a non-denominational church-based organisation, and a short optional reflective spiritual component is included at the end, but the sessions are open to people with any religion or none. The service is open to people living with dementia within the community and their carers.

Sampling and recruitment

People with dementia were eligible to participate if they had attended a Lyrics and Lunch session, were aged 18+ and had received a diagnosis of dementia from a registered practitioner. All participants with dementia had the capacity to consent to take part in the study. Capacity was assessed by the lead researcher (MP) according to the Mental Capacity Act [41] prior to people with dementia participating in the research. Carers were eligible to participate if they were aged 18+ and providing unpaid care or support for a person living with dementia attending the Lyrics and Lunch support groups. Carers included partners, parents, adult children, siblings, or another close relative or friend. Service providers and volunteers were eligible to participate if they were 18+ and involved in the delivery of the Lyrics and Lunch sessions. Participants were recruited via opportunity sampling through the Lyrics and Lunch groups.

Data Collection

Semi-structured interviews were conducted by MP (postdoctoral researcher), in the majority of cases in person, with a small number of interviews (n=4) being conducted remotely. All interviews were audio recorded using a standalone recorder. The semi-structured interview topic guide was co-produced with two public advisors, one who was a former carer and music teacher (JM) and one who was a paid carer (SP), both involved with Lyrics and Lunch. Questions focused on the barriers and facilitators people encounter when learning about, accessing and engaging with the Lyrics and Lunch service. Audio files were transcribed by MP and anonymised to maintain confidentiality. Participants completed a brief demographics

form, providing relevant information relating to their dementia diagnosis (years since diagnosis, years since symptom onset).

Data Analysis

Data were analysed using inductive reflexive thematic analysis informed by Braun and Clarke [42]. Data analysis consisted of five stages: (1) data familiarisation, reading transcripts, (2) line-by-line coding of transcripts (MP), (3) grouping codes together to generate overarching themes, (4) identified themes discussed with wider team (MP, CG, JM and CH), (5) themes were finalised, and a summary table produced with extracts from participants transcripts.

Patient and Public involvement

Two members of the public (public advisors), one paid carer (SP) and one former unpaid carer and music teacher (JM) were involved in the development, conceptualisation, interpretation of the analysis, and dissemination of this research. To do so, public advisors engaged in informal project meetings throughout and provided verbal and written feedback on study documents and the final manuscript.

Ethics

This study received ethical approval from Lancaster University [Ref: 3442] before study commencement. All participants provided informed written consent, for their participation in the study and for the interviews to be audio-recorded.

Results

Participants

A total of 26 participants were interviewed for this study. 69% of participants were female and all were from a White British ethnic background. Of the 26 participants, n=7 were people living with dementia, n=11 were unpaid carers of people living with dementia, n=4 were session leaders who facilitated the Lyrics and Lunch sessions and n=4 were volunteers who helped with other aspects of the sessions. For people with dementia, the mean age of participants was 81 years old with 86% of participants being female. The average time since diagnosis was 3.5 years and 5.4 years from reported symptom onset. Four participants reported having none-specified dementia, n=2 had Alzheimer's Disease and n=1 had young onset dementia. The sample of unpaid carers included n=7 who cared for their spouse/partner, n=3 who cared for a parent and n=1 who cared for a friend. 45% of the unpaid carers sampled were female. All participants had engaged with at least one of the Lyrics and Lunch sessions.

Qualitative Findings

Barriers to access and engagement

Data analysis highlighted three overarching themes relating to barriers to access and engagement with singing intervention services: 1) travel; 2) increased reliance on carers; and 3) health comorbidities.

Travel

When asked about barriers or potential barriers to attending Lyrics and Lunch, many participants shared that travel to the sessions was or could in the future be a barrier to access. Many participants expressed that this may not be an issue preventing them from attending currently but that they could foresee this being a challenge if certain circumstances changed.

"[if we didn't drive] We wouldn't be able to go to that, it would take us hours to get to by public transport and we wouldn't be able to go. (carer, participant 14)

Several participants expressed that alternative transport options other than a car such as taxis or other forms of public transport would not be feasible and would make attending the sessions difficult. Participants discussed the multiple extra stages involved when using public transport such as walking to and from the bus stop and how this would be a difficult, tiring and stressful experience and often unfeasible.

"We live close to the sessions and don't have to travel far but if I wasn't able to take Mum [in the car] she wouldn't be able to go alone. If I couldn't go, Mum would be reliant on [paid] carers being able to take her and this would make things a lot more difficult. Mum doesn't like using taxis and they can be very difficult to get and book around school times and the carers can't risk taking her out and then not being able to get a taxi back. Mum has said that she would rather not go if she had to get a taxi as it can be stressful for her." (carer, participant 3)

"Yeah, I mean there are problems when let's say it's the person with dementia who was the driver and they are no longer allowed to drive. We have tried to sort that out a bit in recent weeks because we now have this vehicle so we can fetch people but that can be an issue. Some people are happy to come on the bus but at some point, their walking isn't so good and they can't do that anymore." (session leader, participant 24)

In addition to the feasibility of alternative forms of transport, the cost of transport was also mentioned as a barrier to accessing services. Participants discussed the additional costs involved for transport when not having access to a car or suitable transport links.

"I think well there are ongoing barriers, transport. So, I drive but if I couldn't drive, to get there would be quite expensive and difficult. Technically we can get there by bus, but it would be two buses even though it is not very far from here. So, realistically to get (name) to walk to the bus stop would be too far so it would be a taxi so you're looking at that cost and then like I said the cost element can be a barrier for each week attending." (carer, participant 7)

Relating to travel, participants also discussed that the distance of travel can be a barrier and that people from rural areas where the availability of services is more limited were more disproportionately impacted by this. Participants expressed that if the service was too far away to travel, this could act as a barrier.

"[talking about the availability of services in a rural area] Well yeah because I think it's called (name of service) at the dementia group that contacted me when he got his diagnosis and yeah I said is there no groups he can go to and he said there is one in (place name) you know and I say well we can't do that it's too far. So, I did struggle trying to find initially a group and then it just fell in my lap when I so it was meant to be really." (carer, participant 16)

Increased reliance on carers

It was stated that for many of the participants, there is an increased reliance on carers for them to be able to attend the Lyrics and Lunch sessions. It was expressed that many people with dementia would be unable to attend the sessions alone due to multiple factors, creating a reliance on carers to take them to the sessions which may act as a barrier to access if this carer assistance was not available. Participants stated that often this reliance on carers was related to transport.

"I am not able to get to the sessions by myself and need help from family and carers. If it wasn't for them I wouldn't be able to attend. I rely on them for travel to the sessions as well. It can take a long time to get ready for the sessions, sometimes over an hour and this can make the going tiring and that is difficult." (Person living with dementia, participant 4)

"There are no barriers for us atm as I am able to take mum but like I said if this were to change this could be a problem. I know other people struggle to get to the sessions at times as they don't have someone to take them or don't have carers to go with them." (carer, participant 3)

It was also shared by participants that in some cases the driving force and motivation to attend, engage and access the sessions may have to be led by carers. It was discussed that for people without carer support and encouragement attending the sessions would be more difficult.

"I think that it would be good for more people. I actually have one of my ladies that I know, her husband is suffering but she doesn't go out now and she is trapped. She doesn't take him anywhere or do anything. You really do as the carer have to make that choice but I feel I have always had my mum and I don't feel burdened and I wouldn't let anybody else look after her" (carer, participant 14).

Health Comorbidities

Participants both people with dementia and carers shared that health comorbidities other than their dementia such as mobility issues or visual impairment can create additional barriers to accessing and engaging with support services.

"Singing can sometimes be difficult as I do not always know the songs and I can't read the words on the sheets handed out (due to a visual impairment). So, if I don't know the songs I can't sing. The instruments help though so even if I don't know the song I can play along." (Person living with dementia, participant 4)

"A lot of the difficulties we have in terms of getting mum to lyrics and lunch and her experience of lyrics and lunch are related to her general poor health and mobility issues and her eyesight." (carer, participant 3)

It should be noted that this was not restricted to people with dementia and carers also discussed how poor health and health conditions can act as a barrier to access and engagement. Participants also discussed how energy levels and general feelings of fatigue can act as a barrier to engagement.

"Sometimes due to my health singing can be hard as I'm more breathless but that is all really. It can make me feel quite tired" (Carer, participant 5).

"She is not always easy to motivate. So this morning she didn't want to go as she has been feeling very tired the last few days. Like this morning she said "Oh I could just go back to bed" but I was like well I would like you to come but if you don't want to that's ok but she said "oh I don't want to let you down" and as soon as we got there she is happy and engaged. She has come back now [from Lyrics and Lunch] and she is far more awake, alert, encouraged so it has a massive impact by just getting out and being with other people." (carer, participant 13).

Facilitators to access and engagement

In relation to facilitators to access and engagement, a further two themes were found: 1) engagement with music and 2) promoting effective communication and accessibility.

Engagement with music

Participants shared that a key aspect of engaging with the sessions was having familiar songs. It was stated that if participants knew the songs at the sessions, this facilitated engagement, however, if people were not familiar with the songs this could hinder engagement. However, participants shared that the song sheets helped when they may not be familiar with the song.

"Having familiar songs that you know makes it easier to get involved." (carer, participant 3)

"I sometimes find the singing hard if I don't know the song." (Person living with dementia, participant 4)

"I'm happy to sing along to just anything, if I don't know it, I'll mumble through it. We have song sheets and erm follow the words easy enough, I just bumble through it." (Person living with dementia, participant 6)

Participants felt that the instruments helped in instances where they were not familiar with the songs or if they had difficulty singing. Many participants discussed that instruments and other props (scarves, bubbles etc) aided in fostering engagement, particularly with people living with dementia. It was expressed that instruments and props were effective methods to foster more engagement notably in people with more advanced stages of dementia.

"I think the instruments are important because it gives them a chance to properly interact, you know, some of them might not sing along very well but once you give them an instrument, that's it they are interacting aren't they." (carer, participant 1)

"I think these sorts of things do reach people who are deeper in their dementia. So the waving the scarves, we sort of do that in songs where it adds to the meaning of the song so" Let's go fly a Kite" we are waving our kites around, over the rainbow we do use the scarves for that as well because it sort of adds to the song. The other thing is it does encourage people to move which is always good. A little bit of exercise if you can call it that, some movement which is a good thing. I think with the scarves the visual stimulation is important and even if the person with dementia is not waving their own scarf, the visual stimulation of the colours moving is good. From the other point of view, the bubbles, people are just, you know, they just gaze at the bubbles and bat at them and try to pop them and that really does reach people who are quite far on in their dementia and yeah anything like that that we can think of seems to help." (session leader, participant 24).

Promoting effective communication and accessibility

Participants expressed that having a location and easily accessible building in relation to factors such as parking, wheelchair accessibility and having a welcoming environment helps facilitate continued engagement with the service.

"Access to the building is easy with plenty of parking which helps so much. We were invited to a place called (name) who just started a session, but parking is horrendous, there is only 2 or 3 spaces and you can't park on the road, so we can't go." (carer, participant 11)

The importance of finding an accessible location and building to deliver the service was discussed by participants. Participants expressed that finding these locations may be difficult in some instances, but they are important in fostering continued engagement with a service.

"yeah I think the thing with the sessions is that they have to be somewhere that is erm relatively easy for people to get to and it's got to be somewhere that has plenty of parking and things like that I mean we are very very blessed with that hall because it is big enough to do both things you know to have the singing and also to be able all sit down to eat so a lot of places may not have premise erm that sort of size so it might be quite difficult for groups setting up to find a place that is suitable." (Volunteer, participant 20)

Participants highlighted that a welcoming, friendly environment and effective communication style, fostered by volunteers and session leaders, were key factors in facilitating access and encouraging continued engagement. The importance of being made to feel welcomed and supported in the environment was highlighted by participants and suggested that this facilitates continued engagement with the service.

"They just welcomed us straight away it was like a different world where it was easy to get support. (carer, participant 16)"

Good communication and easy access to information about the service were highlighted as a key facilitator to accessing services. Participants expressed that ease of finding out about the sessions aided in accessing and engaging with the support service. As the Lyrics and Lunch service is a church-based organisation, multiple participants expressed that having prior contact and connection with the church helped facilitate ease of information transfer about the sessions and initially finding out about the service.

"We have had written information sheets, we have had all sorts of itineraries, to remind us. It runs very well, very well that way, the administration like, you can't fault it." (Person living with dementia, participant 6)

"It was easy to find out about the session and access them and start going as I was already in contact with the church. The building is great and very accessible so no problems there." (carer, participant 5)

Discussion

This study qualitatively examined barriers and facilitators to accessing and engaging with a singing support service for people with dementia and their carers. Travel, increased reliance on carers and health comorbidities, were evidenced as barriers, whilst engagement with music and promoting effective communication and accessibility were evidenced as facilitators. Some of the barriers that were found relating to accessing community groups have the potential to disproportionately impact people from lower socioeconomic status and those living in rural areas. Several facilitators were identified for ways in which to foster continued engagement with services and facilitate ease of access.

Travel was found to be a barrier to access and to continued engagement with the singing support service. Many participants discussed the need for services to be close by to reduce travel demands and the reliance on driving to be able to attend sessions, particularly in more rural areas. This is consistent with previous research stating that transport difficulties and distance from services can act as barriers to service use [43-45]. Travel and transport to services have also been found to disproportionately impact people from rural areas and those from lower socioeconomic backgrounds due to less availability of services in the area, less availability and a lack of feasibility of public transport and greater costs associated with travel when in rural areas. Gibson et al [46] reported that carers of people with dementia living in rural areas face unique challenges, including geographical barriers, financial concerns and a lack of dementia-specific services creating inequalities based on geographical location. It was reported that despite these challenges, many carers received support from within their local communities often acting as a safety net for support. Another factor discussed by participants was the cost of travel when public transport was not suitable. Alternative options, such as taxi or travel by car, may be more feasible but also often have higher costs associated with them and can also be accompanied by their own barriers. This creates an additional barrier of cost likely to disproportionately impact people from lower socioeconomic positions [19]. Due to these factors, there is an increased need for services to be widely available to facilitate engagement and reduce barriers associated with travel. Increased availability and accessibility of public transport in rural areas may also help to facilitate engagement and accessibility. It should also be noted that when setting up support services for people living with dementia, organisers should be mindful of these barriers and select locations with good public transport networks, ample parking, near local communities and where possible consider shared transport options such as private bus pickups to help people attend the service.

Increased reliance on carers was recognised as a barrier to accessing and engaging with singing support services. It was discussed by carers and people with dementia that to attend

the service, they relied on a carer to go with them. Unpaid carers also discussed how this reliance at times led to increased stress and demands on them. However, despite these increased demands, singing support services have been shown to also benefit the carer [47] and improve the relationship between the person with dementia and their carer when attended together [48]. The well-being benefits to carers may outweigh the increased demands involved in attending the service. It should also be noted that around 120,000 people with dementia in the UK live alone [49] and may not be able to rely on regular and consistent support from carers. People with dementia who live alone are recognised as a vulnerable group with an increased risk of unmet social, environmental and psychological needs [50]. This can therefore prohibit many people with dementia from accessing singing groups, and future research should explore the support needs of people with dementia living alone when trying to access support and care settings.

A further barrier to accessing post-diagnostic support can be health comorbidities. It is estimated that approximately 70-90% of people with dementia have at least one health comorbidity [51]. Managing multiple chronic diseases can be challenging and lead to a lower quality of life; increased likelihood of hospitalisation; increased mortality [52-54] and lead to additional accessibility challenges when accessing and engaging with services [55]. In the current study participants state that health comorbidities that occur alongside their dementia can act as a barrier to engagement. It was also noted that carers' health conditions can act as a barrier to engagement due to increased reliance on carers to attend the service. These barriers further support the need for person-centred approaches to be utilised in community support to help recognise people's individual needs and where possible put provisions in place to reduce individual access and engagement barriers.

However, some aspects facilitate engagement. Familiar songs were highlighted as a key element to facilitate continued engagement with community singing support services. Research suggests that familiar music is more effective in engaging and improving mood and functioning in people with dementia than unfamiliar music [56,57]. Gerdner's model of Individualised Music Intervention for Agitation [56] suggests that using individualised music which is familiar to the person can reduce agitation for people living with dementia [56] with several studies supporting the use of individualised music and familiar music for use in music therapy and interventions [58, 59]. A study conducted by Yang [57] directly examined neural responses to familiar and unfamiliar music in people with Alzheimer's Disease and found a greater number of active brain areas in response to familiar music compared to unfamiliar music suggesting greater engagement. These results support the use of familiar music as opposed to unfamiliar music in music therapy and interventions for people with dementia [60]. It is thought novel stimuli can make comprehension more difficult and increase cognitive demands for people with dementia [61] which may lead to disengagement and frustration. Evidence suggests that singing interventions should use familiar songs and where possible an individualised element to songs selected to foster engagement for people with dementia. However, in group music intervention settings having individualised music and songs which are familiar to all attendees can be challenging due to variations in age, cultural backgrounds and music taste. This could act as a barrier to engagement if the music is not individualised and unfamiliar to the person living with dementia, which may disproportionately impact people with young-onset dementia or people from non-white ethnic backgrounds. Music support groups should acknowledge the need for music to be as individualised as possible and tailor songs to suit individual attendees. This may include taking song requests and asking people's music preferences when they start attending the support group. Groups should also incorporate additional props and engagement methods such as percussion instruments, bubbles and waving of scarves to offer another form of engagement and participation when

people are unfamiliar with the song or unable to sing along. The Lyrics and Lunch groups have employed these methods to aid in the delivery and inclusiveness of the intervention.

Promoting effective communication and accessibility were found to be additional facilitators. Creating an environment that is welcoming, friendly and mindful of people's individual needs facilitates ease of access and fosters engagement and continued participation. This links to theories of person-centred care [62] that can be applied to community support groups as well as primary care [63]. Brooker [64] outlined four key components that are integral to person-centred care for people living with dementia: (1) valuing and respecting people with dementia and their carers; (2) treating people with dementia as individuals with unique needs; (3) seeing the world from the perspective of the person with dementia to understand their behaviour and validating their experience; (4) creating a positive social environment in which people with dementia can experience well-being through care that promote the building of relationships [63]. These components of person-centred care when applied to community support could help foster engagement and access to services by helping to create a welcoming environment that is person-centred and tailored to people's individual needs.

Limitations

A limitation of the current study is that we only examined one singing intervention service. This limits the generalisability of the findings to other services and areas of the UK. The study was also unable to directly compare whether barriers and facilitators differed based on geographical location such as a rural vs urban area. However, this study highlights barriers that may prevent access and engagement with community-based singing support groups and forms a basis for provisions to be put in place to mitigate these barriers and improve access for people living with dementia. Furthermore, this study only examined barriers and facilitators in community settings and these barriers are likely to differ when examining the provision of services in daycare centres and care home settings. Future research should examine barriers to accessing music-based support services in other settings and integration with other dementia services such as day centres and examine these across a range of singing support services in different geographical locations. All participants in this study were White British, meaning perspectives from other ethnic groups were not represented. This limitation reflects the participant demographics within the support groups and raises the possibility that ethnicity itself may act as a barrier to access and engagement. Additionally, while the sessions are open to individuals of all religious and non-religious backgrounds, the venue itself may pose a barrier for certain people to attend or even learn about the sessions. However, this study cannot determine these factors, as the sample consisted solely of individuals already accessing and engaging with the service. Non-attenders, who may face additional barriers, were not included in this study. This limitation underscores the need for further research to explore barriers faced by non-attenders.

Conclusion

The positive impacts of singing interventions on people with dementia and their carers on multiple domains such as cognition and well-being are evident in the literature [65,66,48] and the benefits should be more widely acknowledged and supported as a non-pharmacological approach to support people with dementia. Music interventions can be cost-effective methods to improve well-being in people living with dementia and wider availability of services is needed to improve ease of access and reduce the travel demands when attending services. A greater understanding of these barriers and potential facilitators to accessing community-based singing support services, particularly in rural areas, could help to improve the accessibility of current and future community-based singing support groups.

Conflicts of Interest: Jeanette Main is a trustee and employee of the Lyrics and Lunch charity and Carol Holland is also a trustee of the Lyrics and Lunch charity. All other authors declare no conflict of interest.

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