Introduction

In this thesis, the implementation and effects of two different psychosocial interventions for people with dementia and their carers were evaluated. Both interventions are characterized by a focus on enhancing social participation of people with dementia as a strategy to improve their quality of life. The first intervention was designed for community-dwelling people with dementia and their informal carers and encompassed the transition of six nursing home-based psychogeriatric day care centres into community-based psychogeriatric day care centres plus carer support. The aim of this transition was to offer psychogeriatric day care in a more socially integrated environment (compared to the nursing home) and to implement the proven effective, person-centred, combined Meeting Centres Support Program, in order to improve the quality of life of people with dementia and their carers. The second intervention focused on people with dementia living in the nursing home and concerned the implementation of so-called living room theatre activities according to the Veder Method. These living room theatre activities aim to stimulate mutual contact between nursing home residents with dementia and to improve reciprocity in the communication between professional caregivers and people with dementia, with the ultimate goal to improve the quality of life people with dementia.

This chapter contains a summary and analysis of the study results and will provide answers to the research questions posed in this thesis (see Introduction, page 20-21). Subsequently, some methodological considerations are discussed, as well as the relevance of the findings. Recommendations are made for future research, practice, and policy. The chapter ends with a final conclusion of the thesis.

Main findings and conclusions

The transition from nursing home-based day care to community-based day care (Chapter 2)

The transition to community day care centres plus carer support according to the Meeting centres model proved feasible when motivated pioneer groups were involved. These consisted of professionals of different care and welfare organisations in the region who were convinced of the added value of this transformation, when the initiating care organisations appointed a manager that had ultimate responsibility for the transition project and provided the necessary preconditions for implementation, such as a project leader, and sufficient time and money to make the transition. The project leader not only had an important role in planning, executing and monitoring the implementation, but also in motivating colleagues and partner organisations to become and stay involved. Other factors crucial for successful implementation were a suitable and pleasant location, effective strategies to reach referrers (including general practitioners and case managers) and the target group (people with dementia and their carers) and good cooperation with care and welfare organisations. Categorising groups into severity of dementia in the day care centre helped to recruit new participants in an early-stage dementia.
At first the implementation was impeded by some staff members having no or little basic knowledge of person-centred dementia care and/or not being motivated to make the transition. But later on, positive changes in staff attitude and the adoption of the new support vision contributed to the success of the transition to community day care.

**Added value of community psychogeriatric day care for people with dementia (Chapter 3)**

As part of the implementation study, we also conducted an explorative effect study in which we compared new participants (persons with dementia and their carers) of community (CO) day care (experimental group) with new participants in the traditional nursing home-based (NH) day care (control group), at baseline and after six months. After six months no statistically significant differences between the groups were found in needs, behaviour, mood and overall quality of life. However, subgroup analyses pointed out that after six months new participants of the recently started CO day cares had less neuropsychiatric symptoms than new participants of NH day care (medium effect size). And carers of people with dementia participating in the longer existing CO day cares reported fewer care needs of people with dementia than carers of the control group (large effect size). Especially people with dementia cohabiting with a carer benefitted from CO day care: they reported less unmet needs and their carers reported less total needs compared to people with dementia and carers using traditional NH day care (large effect size).

**Added value of community-based psychogeriatric day care for carers (Chapter 4)**

The effects on needs, sense of competence, burden, and care-related quality of life were studied among carers of people with dementia after six months of participation in CO day care or NH day care. Contrary to our expectations, carers in CO day care reported more needs related to psychological distress after six months compared to carers in the NH day care group (small effect size). Further exploration indicated that this adverse effect was especially apparent in carers of people with dementia that participated in the recently started CO day care centres, possibly because the carers became more aware of their needs in the contacts with other carers but may have lacked adequate support because the carer support programme was not yet fully implemented. No differences were found between groups with regard to sense of competence, burden and care-related quality of life. However, further explorative analyses pointed out that after six months carers of the CO day care group who had a low sense of competence at the start of participation in day care, experienced a decrease of emotional burden caused by behavioural and psychological symptoms of the person with dementia they cared for, whereas this emotional burden increased among carers in NH day care after six months (large effect size).
Satisfaction of people with dementia, informal carers and professional caregivers with CO versus NH day care (Chapter 5)

After six months of participation, people with dementia in CO day care were more satisfied with the atmosphere, location, communication with staff and the activities than people with dementia who used NH day care (small to medium effect size). Carers were also more satisfied with the communication with, and expertise of staff and the received emotional, social and practical support (small to medium effect sizes).

Staff were asked about their job satisfaction and work experience before, and six months after, the transition to CO day care. Overall staff satisfaction did not increase after the transition. Staff were less satisfied about learning opportunities (medium effect size), but satisfaction about pace of work increased (large effect size).

Implementation of living room theatre activities on psychogeriatric nursing home wards (Chapter 6)

Stakeholders saw the living room theatre activities as a meaningful activity enhancing the mutual contact between residents with dementia and professional caregivers. The positive reactions of residents enthused staff to apply the Veder Method in living room theatre activities. The most crucial factor for successful implementation of the Veder Method as a group activity (offered by trained caregivers) was support from the management, demonstrated by the provision of favourable preconditions, such as sufficient time for staff to prepare and execute the living room theatre activities. A lack of interest of the management was seen as impeding implementation. Staff were convinced that if the effects of the intervention would have been observed in practice by their manager, this would have stimulated him/her to invest more in the implementation of the Veder Method. With regard to implementation strategies, the presence of an implementation plan was helpful, as well as the presence of a pioneer group that initiated the implementation. Basic knowledge about person-centred dementia care among staff appeared important for the success of the training, and at the same time there was a need for more training and coaching on the job to improve staff skills. Furthermore, it appeared helpful if the living room theatre activities were structurally embedded in the nursing home, by organizing them according to a fixed schedule.

The effect of living room theatre activities on nursing home residents with dementia (Chapter 7)

Our study into the effect of a living room theatre activity offered by professional actors, conducted in 13 nursing homes, showed that residents with dementia were less confused, laughed more and more often touched others affectively compared to people with dementia participating in a reminiscence group activity (medium effect size). Two hours after the intervention, people with dementia also felt more at home (small effect), were more alert and attentive and less socially isolated (medium effect size) compared to those who attended a
reminiscence group activity. No positive effects of living room theatre activities were found when they were offered by trained professional caregivers. Some small to medium negative effects of living room theatre activities offered by trained caregivers on mood, behaviour and care relation were found compared to reminiscence group activities, which may have been caused by the difficulties caregivers experienced in performing the theatre activity with the same quality and intensity as professional actors. This is underlined by observations of the execution of the intervention.

Analysis and discussion of the findings

Crucial factors for successful implementation of psychosocial interventions in dementia care

Characteristics of the intervention

The process evaluations confirm the findings of multiple other studies which demonstrated that implementation is easier when the intervention is considered innovative and consistent with the values of the organisation or societal trends (Döpp et al., 2013; Greenhalgh et al., 2004; Lawrence et al., 2012).

Our study findings also confirm the conclusion of Meiland et al. (2005) (who investigated the implementation of meeting centres for people with dementia and their carers), that the success of implementation also depends on the fact that the added value of the intervention is proven, relevant and recognized. Damschroder et al. (2009) mention in their review of implementation theories in health care that other intervention characteristics, such as a low level of complexity and cost, also determine implementation successfulness. However, the relevance of these characteristics was not confirmed in our studies.

Managers providing preconditions for implementation

In both studies in this thesis, managers were seen as key persons who largely determined the final success or failure of the implementation, because they were able to provide the necessary preconditions. Many implementation studies describe the importance of ‘management support’ for successful implementation (Boersma et al., 2015; Greenhalgh et al., 2004; Van der Kooij, 2003). Van Mierlo et al. (2016) reviewed the literature on implementation of psychosocial interventions in dementia care and concluded that increased management support stems from a positive attitude of managers towards the psychosocial intervention to be implemented and their recognition of its added value. It is especially relevant to know what kind of management support is actually needed for successful implementation. In our studies, management support in the form of providing favourable preconditions, such as sufficient time and money for implementation (including staff (re)training), proved crucial. In both studies, a lack of time and high work pressure appeared to impede the implementation of the interventions. This was also found in other studies (for example Brooker et al., 2015; Lawrence et al. 2015). Our finding that managers paying no interest in how the intervention is put into practice, which is experienced
as a lack of management support, confirms the similar findings of Van Weert et al. (2004) in her study into the implementation of snoezelen in nursing homes. The importance of appointing a project leader and/or pioneer group in the implementation process of psychosocial interventions in dementia care was also underlined by, for example, Meiland et al. (2005) and Zwijsen et al. (2014).

Staff: skills and positive experiences with the intervention
The importance of staff having basic knowledge of person-centred dementia care was also found by Van Mierlo et al. (2016). The need for advanced training, and ongoing coaching on the job was also emphasized by Berkhout et al. (2009) and Van der Kooij et al. (2013) who implemented emotion-oriented care in nursing homes, and Boersma et al. (2015) who recently published a review on the implementation of psychosocial interventions in daily psychogeriatric nursing home care. Also, Asmus-Szepesi et al. (2015) and Metzelthin et al. (2013) found that a shortage of training led to a reduced implementation effectiveness of new care programs in elderly care. The interventions under study in this thesis specifically focused on improving social participation of people with dementia. In the transition of nursing home-based day care to community day care. This implied for example developing collaborations with volunteers and family carers, providing a more socially integrated and less institutionalized and hospitalized environment for participants with dementia, and empowering participants by giving them a voice in the content and execution of the support programme. This required staff to develop their skills to successfully achieve these goals.
With regard to the implementation of the Veder Method, staff experienced that their contact with residents improved. We concluded from the process evaluation that staff found that enhancing social participation of people with dementia led to better and more ‘normal’ interpersonal contact. This in turn gradually motivated the staff to further implement and apply the intervention.

Differentiated groups based on severity of dementia
Both studies addressed the benefits of distinguishing groups based on the severity of dementia and the need to attune the intervention to these different groups. The importance of taking into account the severity of dementia in the care or treatment strategy is also emphasized by several other authors (Van Mierlo et al., 2010; Bakker et al., 2011; Finnema et al., 2015).

Benefits of the interventions for people with dementia, their informal carers and professional caregivers
The core feature of the interventions under study in this thesis was the focus on enhancing the social participation of people with dementia and their carers as a means to improve their quality of life. Previous research demonstrated that people with dementia value social participation as important for their life and that there is a positive relation of social participation with quality of life (see chapter 1). Therefore, we expected that the interventions under study in
this thesis would improve quality of life and quality of life-related outcomes such as needs, behaviour and mood of people with dementia and needs and burden of their carers, as well as user and staff satisfaction. Based on our studies, we can conclude that the interventions under study indeed promoted social participation and partly contributed to the quality of life of people with dementia and their carers, although we did not find effects on overall quality of life. With regard to the transition to socially integrated CO day care, increased social participation is illustrated by the higher satisfaction of people with dementia with the atmosphere and activities and higher satisfaction of carers with ‘social contacts’ and making ‘acquaintances with other carers’ in the community day cares compared to NH day care. We found medium to large positive effects of CO day care on behavioural symptoms and needs of people with dementia, and on the emotional burden of a subgroup of carers with a low sense of competence at baseline. In the study on the effects of living room theatre activities the increased social participation was illustrated by the reduced social isolation and increased ‘attentiveness’ and ‘responsiveness’ to activities and ‘alertness’ of people with dementia attending a living room theatre activity when offered by professional actors. We found some medium-sized beneficial effects of these living room theatre activities on behaviour and mood of people with dementia.

It is difficult to compare the results on effectiveness of community day care with other studies on day care because details of the offered support programme and care approach are often lacking. The reduced neuropsychiatric symptoms as a result from participating in community-based psychogeriatric day care have also been found in the studies into the Meeting Centres Support Programme of Dröes et al. (2000) and Dröes et al. (2004), and studies of Mossello et al. (2008), Gaugler et al. (2003) and Zarit et al. (2011). While in our study we did not find an added value of CO day care on the overall quality of life of participants, Zank and Schacke (2002) reported positive effects of day care users compared to non-users on subjective well-being and life satisfaction. The higher user satisfaction with community day care among people with dementia and their carers found in our study might be explained by the fact that they were more actively involved in decision-making about the organisation of the support programme. Brataas et al. (2010) also described how a collaborative approach in day care promoted feelings of contentment among the participants with dementia. A possible explanation for the finding in our study that carers experienced more psychological distress is that they became more aware of their care burden because staff of CO day care had more attention for the subjective experiences of carers. Apparently, the offered support to carers did not prevent or reduce carers’ distress. Another reason could be that carers did not (yet) sufficiently use the available support during the implementation of this new carer support programme. Carers were free to decide whether to join the support program or not. Also, not all carer support activities, like information meetings and support groups, were fully operational at the start of the effect study.

Based on the study on living room theatre activities one could conclude that it would be desirable that only professional actors offer the living room theatre activities. However, it is too
early to conclude this, taking into account the positive experiences of caregivers with the Veder Method as reported in the process analysis, and the fact that we did this effect study only shortly after caregivers had received training. When staff would have had more experience with practicing the Veder Method it might have led to different results. The added value of training professional caregivers to use theatre as an intervention or communication method in the care for people with dementia has been described in previous research, reporting positive outcomes for people with dementia, such as reduced agitation (Low et al. 2012) and increased social engagement and social interactions (Lepp et al., 2003; Fritsch et al., 2009). Kontos et al. (2010) and Lepp et al. (2003) describe that drama-based training for caregivers resulted in greater awareness among caregivers of people with dementia expressing their feelings, often nonverbally, and that it could help them to attune their care better to the individuals with dementia. In our study, professional caregivers were trained to apply the Veder Method in living room theatre activities; however, they also reported positive experiences with using elements of the Veder Method in daily care activities (like showering and clothing). Caregivers reported that using elements of the Veder Method during daily care would be easier and would cost less time than arranging living room theatre activities on nursing home wards. Therefore, the Veder Method is currently further developed as the Veder Contact Method for the 24-hours care (Boersma et al., 2016). It is expected that this method will be better applicable for professional caregivers and will therefore more likely lead to positive effects than the living room theatre activities we investigated in our study.

**Methodological considerations**

Several methodological considerations regarding the conducted studies have to be made. The strengths and limitations of the process analyses and the effect studies are described below.

**Process analyses of the implementation of the interventions**

Our use of the Theoretical framework of adaptive implementation and the Implementation Process Evaluation (IPE) Framework helped to structure the qualitative analyses and description of facilitating and impeding factors. Another much-used model to evaluate implementation processes is the RE-AIM model (Glasgow et al., 1999), originally developed to evaluate the impact of health promotion interventions. This model enables the measurement of implementation effectiveness. The RE-AIM model and the Prerequisites-Implementation (Pre-Imp) Framework (Van Weert et al., 2011) both address the measurement of the degree to which the method reaches the target group (reach) and the degree to which the organisation actually works with the method (adoption and implementation). Although the frameworks used in our process evaluations did not include measurements of the degree of implementation effectiveness, reach, and adoption of the intervention, which can be seen as a limitation, the used frameworks made it possible to distinguish subsequent implementation phases. They therefore provided a structured (and phased) tool to investigate in detail factors responsible for
success and failure in different stages of the implementation. Because the latter was the objective of our study, we gave preference to the theoretical frameworks used in this thesis.

Explorative studies on the effect of the interventions

A strength of the effect study into CO day care was that besides consulting proxies we also interviewed people with dementia themselves (Chapter 3 and 5). The number of studies in which people with dementia actively participate is growing (e.g. Burgener et al., 2015; Clare, 2002; de Boer et al., 2007; Dröes et al., 2000, 2004; Dröes et al., 2011; Gitlin et al., 2008; Graff et al., 2007; Steeman et al., 2007; Van der Roest et al. 2009). Our study showed that the great majority of the participants with dementia were very able to answer questions from standardized questionnaires when offered clear answering options.

A drawback of the effect studies on both CO day care as well as living room theatre activities was the small statistical power due to small sample sizes. In addition, we were confronted with high drop-out rates in our study on community day care, which affected the ability to generalise the outcomes. The results should therefore be interpreted with caution.

Another consideration is that both effect studies were performed while the implementation had only recently taken place. This may have diminished the chance of finding effects because the new interventions were not always yet fully operational or executed with the required skills of professional caregivers from the beginning.

Several possible explanations such as an insufficient degree of implementation, the intervention not being executed well, a short follow-up period, small sample sizes, and carers using the available support in a limited way, have been mentioned as possible causes of not finding positive effects on several of the outcome measures. Another explanation suggested is that we compared the experimental interventions with a type of support (NH day care and a reminiscence group activity respectively) that may in some respects have proved equally effective as the intervention under study. However, as we did not have a control group receiving no intervention, it is impossible to know if the interventions under study in itself had any effects on these specific outcomes. We could only investigate the added value. It therefore seems premature to conclude that these interventions had no effect at all on these outcomes.

Another explanation is that some outcome measures were not sensitive enough or did not match the specific added value of the intervention. An example is that stakeholders involved in the implementation of living room theatre activities reported increased positive reciprocity in the communication between professional caregivers and people with dementia, while this concept was not measured in our study because an appropriate, valid and reliable instrument for measuring reciprocity in communication between caregivers and people with dementia was lacking at the start of our study.

Another limitation is that we did not examine the statistical relationship between changes in social participation (resulting from the interventions) and the quality of life of people with dementia and their informal carers, and were thus not able to prove our theoretical assumption that improving social participation results in a better quality of life.
Scientific Value of the study

This thesis contributes to the relative scarce research on enhancing social participation as a strategy to improve quality of life of people with dementia and their caregivers. This is done by studying the implementation and effectiveness of interventions promoting social participation of people with dementia in both the community and nursing home setting. The study on CO day care concerned a comprehensive implementation process of an already proven effective support model (MCSP), comprising a move to another location, training of staff and the implementation of the new combined support programme for people with dementia and their carers, in collaboration with other care and welfare organisations. As far as we know, such a transformation in dementia care has never been studied before. Unique to the study on living room theatre activities according to the Veder Method was that it was one of the first studies of the implementation and effect of using theatre as a communication method in dementia care. Our studies resulted in a number of recommendations for future research (see later in this chapter). These recommendations might be helpful in designing and executing future studies on the implementation and effects of the interventions under study and similar psychosocial interventions in dementia care.

Clinical and societal value of the study

The study on the transition of traditional NH day care into combined support for people with dementia and their carers in CO day care provides information to care professionals and policymakers on the feasibility and usefulness of this transition, and gives insight in crucial factors for a successful transition. An advantage of CO day care with carer support is the socially integrated location (instead of the institutional environment of the nursing home), which promotes social participation of people with dementia and may be helpful to overcome barriers for both people with dementia and carers making use of this type of support. Reducing barriers for day care use is important, because the use of CO and NH based day care treatment (besides other forms of day care) is still very low in the Netherlands: only five percent of people with dementia use it (Dutch Alzheimer Society, 2014). Previous research has shown that combined support programmes for both people with dementia and their carers are more effective than single interventions for either the person with dementia or the carer (Smits et al. 2007; Van t Leven et al., 2013). The results of the process evaluation of the transition of NH day care to CO day care provide insight in important factors for a successful transition of NH day care to CO day care. The process evaluation made clear that it is crucial that the added value of the transition is recognized by the regional care and welfare organisations, that these organisations participate in a pioneer group, that the responsible managers appoint a capable project leader, and provide sufficient time and money for the implementation. In addition, a suitable location, motivated staff and effective strategies to reach the target group were necessary for a successful transition. The findings of our effect study indicate that the transition of traditional NH day care to combined support for people with dementia and their carers in
GENERAL DISCUSSION

CO day care has the potential to reduce needs and behavioural symptoms of people with dementia. Although positive effects on carers (except for a subgroup) have not been demonstrated in our studies, we did find higher user satisfaction in CO day care compared to NH day care. The results must be interpreted with some caution because of study limitations, but they indicate that it may be useful to transform NH day care to CO day care.

The second study provides insight in the implementation and effects of the Veder Method, an innovative psychosocial intervention using theatre as a means to promote communication in psychogeriatric care. Aim of the Veder Method is to enhance social participation of people with dementia by offering living room theatre activities on nursing home wards. Successful implementation of living room theatre activities on nursing home wards, offered by professional caregivers, also requires an enthusiastic pioneer group, an effective implementation plan, and support from the management demonstrated by the provision of favourable preconditions, such as sufficient time for staff to prepare and execute the living room theatre activities according to a fixed schedule. Positive effects of living room theatre activities offered by professional actors on behaviour and mood of people with dementia were found. The explorative study did not demonstrate an added value of living room theatre activities offered by trained caregivers compared to reminiscence group activities. Therefore, at this stage, given the proven potential of the Veder Method when applied appropriately (by actors), it can only be concluded that living room theatre activities in psychogeriatric nursing home wards offered by actors is worth considering. Further research should reveal if better trained caregivers are able to replicate the effects achieved by professional actors.

Overall, the explorative studies demonstrated several beneficial effects for both people with dementia and their carers. However, further research into the long-term effects of the (well-executed) interventions, is needed to gain insight in their potential advantages in the longer term. This will provide a stronger basis for care professionals and policymakers to implement and disseminate the interventions.

Recommendations for future research

Several general recommendations for future implementation research arise from this thesis. One is to make use of theoretical frameworks such as employed in this thesis, helping to structure the process evaluations. For example, by tracing facilitators and barriers in the different phases of implementation, promising strategies for successful future implementations could be defined for each phase, such as good training of staff and sufficient support from dedicated managers. Furthermore, it is recommended to also give attention in the process analyses to the maintenance or continuation of an intervention as part of the care programme. This may be hampered by time constraints in research projects, which often results in evaluations of only the first phases of implementation (preparation and execution). It is also important to measure treatment fidelity (the degree to which implementation of the
interventions succeeded) in order to be able to find out if this influenced the effects (implementation error, see Vernooij-Dassen and Moniz-Cook, 2014).

A number of recommendations arise from the conducted effect studies in this thesis. First of all we recommend to investigate whether the effects found in our study on CO day care can be replicated in a larger controlled effect study with more CO day care centres which successfully adopted the MCSP-model and worked according to this model for a longer period. We recommend to take into account the small number of participants signing up in the day care centres and high drop-out rates that were found in our study (40-45%) in power calculations in future studies. Also, a realistic estimate of sign-ups of new participants in day care centres is necessary for the recruitment of sufficient study participants. The results of the effect study on living room theatre activities suggest that the performance of the professional actors had added value compared to the theatre activities and reminiscence activities offered by trained caregivers. Further research is therefore recommended with larger sample sizes and higher power to study the effects of the living-room theatre activity according to the Veder Method as performed by professional actors. In addition, it would be worth investigating if the effects of living room theatre can also be achieved if professional caregivers are further trained and more skilled at performing living-room theatre activities. Further study on the application, feasibility and (cost)effectiveness of the Veder Method as communication and contact method in daily care is also recommended (see Boersma et al. 2016).

It is recommended to develop and evaluate more interventions with a specific focus on improving social participation of people with dementia. As described in the introduction of this thesis, social participation is very important to people with dementia living in the community and in the nursing home. People with dementia living in the nursing home especially value family relations and visits. The interventions in this study have a specific focus on improving or sustaining social participation of people with dementia by stimulating engagement in meaningful activities and contact with peers and professional caregivers. Future research should also focus on the development and feasibility of psychosocial interventions in which family and friends are more involved, or involving family in existing proven effective psychosocial interventions that were originally developed to improve communication between professional caregivers and people with dementia (such as snoezelen and emotion-oriented care), or stimulating family visits at home or in nursing homes.

Finally, we recommend to consider not only measurements of physical and mental health in future studies on psychosocial interventions in dementia care, but also measurements of social health (like people’s capacity to fulfil their potential and obligations), the ability to manage their life with some degree of independence, and/or the ability to participate in social activities (social participation) (see a description of the health domains in Huber et al., 2011). Despite a growing interest in the concept of social participation, there is no agreement yet on a common definition and measurement (Dahan-Oliel et al., 2008; Levasseur et al., 2010; Piskur et al., 2014).
Related concepts such as participation, social inclusion, social engagement, social support, social network, citizenship, and social integration are often used interchangeably with social participation. Reliable and valid measurement instruments of social participation of people with dementia in particular are even scarcer. Examples of current measurement instruments are the questionnaire for measuring social participation of community-dwelling people with dementia, as developed by Sorensen et al. (2008), and an observational measure of Engagement for people with dementia living in the nursing home developed by Cohen-Mansfield et al. (2011). In future research on the development or selection of measures for social participation of people with dementia, we recommend to take into account the domains that people with dementia considered important with regard to social participation, such as the need for social contacts with family and friends, and involvement in meaningful activities.

**Recommendations for clinical practice**

The following recommendations for clinical practice derive from this thesis:

*Nursing homes should consider transforming their day care to community day care with carer support, because community day care is more appreciated by people with dementia and carers and appears to have several benefits for them. In addition, the transition to community day care appears feasible.*

Transforming nursing home-based day care to community day care according to the proven effective Meeting Centres Support Model appeared feasible (Chapter 2) and resulted in several positive effects on behaviour and mood of people with dementia and burden of low competent carers, and higher user satisfaction. Although strong evidence is currently lacking because of study limitations, our research indicates added value of CO day care compared to NH day care. We therefore recommend nursing homes to consider the transformation to community day care with carer support.

A challenge for day care centres is to recruit sufficient participants because people with dementia (and carers) often hesitate, or postpone their decision, to take part. It is therefore recommended to inform referrers on the fact that day care centres may help to reduce neuropsychiatric symptoms, increase wellbeing and social participation of people with dementia, and that people with dementia and carers will probably benefit more from this support if they participate in a timely manner instead of waiting until the more severe stages of dementia or until carers are overburdened and nursing home admission becomes inevitable.

*Offering people with dementia in nursing homes the opportunity to participate in Living room theatre activities offered by professional actors is recommended as they are a means to increase social participation.*

Given the positive effects of living room theatre activities offered by actors, in particular on reduced social isolation and increased attentiveness and alertness, we recommend nursing homes to regularly offer such activities to their residents with dementia. Positive effects of living
room theatre activities offered by professional caregivers could not be demonstrated in our effect study, it even had a small negative impact on participants. Given the potential of the method as demonstrated by actors and the positive experiences of caregivers, who reported using elements of the method in the daily care, we would recommend investigation of the application of the Veder Method as a communication method in daily care.

*Although adaptive implementation of psychosocial interventions seems realistic and useful in clinical practice, it is recommended to carefully discuss such adaptations before implementing them as they may influence the effectiveness of the intervention.*

Adaptive implementation means that a proven effective psychosocial intervention or model is attuned to the specific context in which it is implemented. In the case of community day care, the Meeting Centres model in each individual day care centre was applied taking into account the available support of care and welfare providers in the region and the preferences of the participants. Adaptive implementation is a useful strategy since it ensures that an intervention fits into the setting/context where it is implemented. However, at the same time, adaptations of the intervention may affect its effectiveness. We therefore recommend to thoroughly discuss the necessity and justification of making adaptations to proven effective interventions from the perspective of treatment fidelity, and the possible influence on the effectiveness of these interventions.

*Facilitators and barriers for implementation should be taken into account to promote successful implementation of psychosocial interventions in dementia care*

Managers play a crucial role in achieving successful implementation of psychosocial interventions in psychogeriatric care by providing favourable preconditions for successful implementation. We recommend that managers who make the decision to implement an intervention in their organisation should fully commit themselves to the implementation process, accepting that they are responsible for it, and effectively addressing factors that facilitate or impede the implementation, such as training of caregivers and other factors found in this thesis and previous studies (Boersma et al., 2015; Meiland et al., 2005; Van Mierlo et al. 2016). Figure 1 shows questions derived from our studies that need consideration before and during the implementation.
At the start and during preparation

- Is the intervention in accordance with the vision and mission of the organisation(s) and current societal trends?
- Do the parties involved expect that implementing the intervention has added value?
- Which manager is responsible for the implementation?
- Who is a suitable and capable project leader and who should be part of the pioneer group?
- How much time and money is needed and available?
- Is there an implementation plan and how is the implementation planned?
- What basic knowledge does staff have regarding person-centred dementia care and what kind of (re)training is necessary for whom?
- Who is going to put the intervention into practice?
- What training does staff need to execute the intervention appropriately and effectively?

During implementation and continuation

- Are there visible (interim) results at this stage and how can they be shared with stakeholders?
- Is there sufficient time and money reserved to (re)train staff, and to implement and continue the intervention?
- Does staff receive coaching on the job and refresher courses?
- Does staff provide the intervention as intended (treatment fidelity)? How (often) is this evaluated?

Figure 1. Questions derived from the implementation studies in this thesis that should be answered at the start, preparation, and during implementation and continuation of psychosocial interventions in dementia care in order to prevent implementation problems.

Recommendations for public policy

This thesis addresses the importance of promoting social participation of people with dementia with the aim to improve quality of life. There is a considerable amount of investment in finding the causes of, and effective therapies for dementia, but until now these have not led to the desired result. At the same time we are confronted with a growing number of people living with dementia who, together with their carers, have to adapt to and cope with the changes that dementia brings to their lives. A first recommendation for policy makers is to further invest in research on psychosocial interventions that can help people with dementia and their carers to cope with the consequences of dementia.

Given the beneficial effects of day care for people with dementia (less neuropsychiatric symptoms, delay of nursing home admission) and their carers (less burden), the second recommendation for policy makers is to ensure that all people with dementia have timely access to specialized day care, and that carers receive support as well. In the Netherlands, day care is part of the Social Support Act (In Dutch: Wet Maatschappelijke Ondersteuning) since 2015. Care and welfare organisations providing different types of day care (from social support to specialized activation programmes) need to compete in local public tenders in order to gain the necessary resources of providing day care. Since local governments often lack expertise about dementia and effective care for this target group, and are at the same time confronted with major financial cuts, there is a risk that tender processes are more price-focused than
quality-focused. This has the ultimate result that cheaper, but less effective support, will be
selected. A recommendation for local governments is therefore to ensure that assessment of
the quality and purpose of day care for people with dementia forms part of the purchasing
process. Another risk is that local governments will eventually prefer to contract only one or
two providers in order to reduce administrative burden. This carries the risk of reduced variety
(and quality) of day care in a region, and thus less options for people with dementia to choose
from.

The third recommendation concerns the need of people with dementia living in the nursing
home to socially participate. To effectively address this need, person-centred care is required.
This means that caregivers need to have knowledge of the person in question, knowledge
about the disease and how behaviour can be explained, specialised skills for communication
with people with dementia, how to react to certain behaviours, and how to involve informal
carers sufficiently. There is increasing attention for the necessity of well-educated staff in
nursing homes being able to offer person-centred care. Nevertheless, most of the care
provided to people with dementia is still offered by low educated and low paid staff, despite a
wide range of problems they may encounter, such as emotional (anxiety, depression),
behavioural (apathy, aggression, agitation) and social problems (social isolation) and specific
neuropsychiatric symptoms, like psychosis and delirium. A recommendation is therefore to
invest in the development of effective training and coaching on the job in specialized dementia
care including requirements of re-registration for all disciplines, and to further invest in (the
development of) meaningful activities and the involvement of family and friends in the nursing
home. Sufficient attention is needed to the sustainability of these investments. Hopefully, the
governmental initiative ‘Dignity and Proud’ (in Dutch: Waardigheid en Trots) will contribute to
this and will result in long-lasting improvements in psychogeriatric nursing home care.

The final recommendation for policymakers concerns the growing attention in the Netherlands
for the ‘participation’ of citizens. There is a risk that a too narrow definition of participation
will be adopted, namely, that ‘participating’ is made equal to ‘contributing to the society in terms
of working or volunteering’. The question arises what ‘participating’ means to vulnerable
people like people with dementia for whom taking part in the society is of equal value as their
healthy fellow citizens, but who need support to participate, and when the disease progress
generally will not be able to ‘contribute in terms of work’ anymore. Participating is important
for everyone, whether they are dependent or not, and this thesis shows that it especially means
‘being connected to others’ and ‘being able to undertake meaningful activities’.
Overall conclusion

This thesis addresses the importance of social participation as a means to improve quality of life for people with dementia. By studying two different interventions with a particular focus on enhancing social participation of people with dementia, we contributed to the existing but scarce literature on this topic. The results of our explorative studies suggest that it is possible to achieve beneficial effects on behaviour, mood and other quality of life-related outcomes in people with dementia and their carers by implementing psychosocial interventions with a particular focus on enhancing social participation of people with dementia. The studies also add to the existing evidence on the feasibility and effectiveness of psychosocial interventions in psychogeriatric care in general. At the same time implementation issues and methodological limitations most certainly influenced our study results and it is therefore advised to further investigate the effectiveness and cost-effectiveness of both interventions in larger randomized controlled trials in which the findings of our studies are taken into account. Overall, we conclude that remaining socially involved is important but a challenge for people with dementia. Person-centred psychosocial care interventions may help people with dementia and their carers to socially participate and to improve their quality of life.
References


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