The evidence behind Meeting Centres

Meeting Centres UK

What is the evidence behind Meeting Centres?

The evidence base for Dutch Meeting Centres

In response to the growing need to support people with dementia in the Netherlands, a pilot study started in Amsterdam in 1993 with an integrated support programme for people with dementia and their caregivers in Meeting Centres. Various types of support for people in this situation were available at different locations in the Netherlands. However, this offer was very fragmented; clients as well as referrers often had trouble seeing the wood for the trees. The unique aspect of the Amsterdam model was that the support was offered in an integrated format under one roof. The support service was developed in close consultation with the people directly affected, namely people living with dementia and their families.

The original pilot service was carried out in two community centres in Amsterdam. Community centres were chosen specifically so that the Meeting Centre would be easily accessible. People living with dementia and their family carers wanted the opportunity to establish and maintain supportive networks with other people from their neighbourhood.

Amsterdam Meeting Centres

Being able to share the caring with others can be very helpful for family carers. This respite was the minimum that the initiators of Meeting Centres wanted to provide. However, they also wanted to develop a support programme in which the person with dementia had maximum opportunity to flourish amidst the other people in the community and they wanted to provide intensive support to the carers. The Amsterdam Meeting Centres were developed for people with mild to moderate dementia living at home, and their primary caregiver, usually the family carer. The Amsterdam Meeting Centres were the first to offer this dual support approach.

Initial evaluation

The pilot was monitored thoroughly in a research study which focused on what type of people with dementia and carers utilised at the Meeting Centre and how often they participated in the various elements of the programme. In addition, their satisfaction was assessed. The Dutch team also investigated whether the community centres were suitable venues for the programme.

An evaluation was undertaken into the effects of the Meeting Centre for the participants with dementia and the degree to which their carers felt they were able to cope with caring (Dröes et al, 2000, 2004a). To this end an additional two Meeting Centres were opened in Amsterdam. This controlled effect study showed that the Meeting Centres had a positive effect on behaviour problems of the people with dementia, more specifically on the degree of inactivity and non-social behaviour (Dröes et al, 2000). The Meeting Centres were clearly more effective than regular day treatment in this respect.

After attending the Meeting Centres for support for six months the carers felt better able to care, and admission to residential care of the people with dementia was delayed. Also, carers were apparently able to manage the care at home for a longer period of time. People with dementia in regular day care centres attended on average 24.8 weeks before they were admitted to a nursing home whereas by comparison those attending Meeting Centres were able to remain at home for an average of 51.2 weeks before admission to a nursing home became necessary (Dröes et al, 2004a).

Further dissemination and evaluation

After the pilot, new Meeting Centres based on the Amsterdam model were started in other regions in the Netherlands. Eight new Meeting Centres in five different regions outside Amsterdam were involved in a multi-centre effect study. As in the Amsterdam Meeting Centres project, positive effects were found on the behaviour of the person with dementia. In comparison with people who attended regular day care centres, the people who utilised the Meeting Centres displayed fewer behaviour problems

after seven months, in particular less anti-social behaviour and less inactive behaviour (Dröes et al, 2004b).

Furthermore, there was a positive effect on mood and self-esteem, and the previous finding around delay of nursing home admission was confirmed. After seven months only 4% of the Meeting Centres participants with dementia had been admitted to a nursing home, compared to 29% among those attending regular day care centres (Dröes et al, 2006). Informal carers who felt lonely also benefitted more from participation in the Meeting Centres than from regular day care; they had fewer mental and psychosomatic complaints. After seven months 38.8% of the informal carers felt 'somewhat' less burdened, and 43.3% felt 'much' less burdened. Informal carers also felt more supported by professional organisations (Dröes et al, 2006).

Implementation research in the Netherlands identified various factors that promoted successful implementation of Meeting Centres, including specific characteristics of the programme which filled gaps in care, experienced staff, adequate funding and good co-operation between care and welfare organisations (Meiland et al, 2004, 2005). An implementation guide, film and training course for staff were prepared to help care and welfare organisations set up Meeting Centres, while a helpdesk supported dissemination of the Meeting Centre approach. As a result, Meeting Centres have spread across the country and there are now more than 140 Meeting Centres in the Netherlands offering support to 3,750 people with dementia and 3,750 carers annually.

MEETINGDEM - from the Netherlands to the UK, Italy and Poland

MEETINGDEM[1] was a European Joint Programme – Neurodegenerative Disease Research-funded project that aimed to implement and evaluate Meeting Centres in countries other than the Netherlands. It investigated whether it was possible to adapt the Dutch approach in the UK, Italy and Poland.

This involved translating Meeting Centre concepts and practicalities into a new country context, then assessing the benefits and cost effectiveness. Pilot Meeting Centres were successfully implemented in all three countries in 2015 following a 12-month period of collaborative community engagement.

In Italy there were two Meeting Centres in Milan, one in Sesto Giovanni, and three in Emilia Romagna. In Poland there was one in Wroclaw, and in the UK one was set up in Droitwich Spa. In 2016 six further Meeting Centres were opened: a third in Milan, one in Lecco in the Lombardia region, one in Vignola, two in Wroclaw and one in Leominster in the UK. In total 14 Meeting Centres were set up during the project.

All the Meeting Centres were well received by people living with dementia, family carers and local communities. They have all established active local Initiative Groups and Advisory Groups who collaborate to deliver the Meeting Centres and support their continuance respectively. The project demonstrated that it is possible to adapt and transfer Meeting Centres to all three countries (Mangiaracina et al, 2017).

The effects on people living with dementia and their family carers

Findings from an evaluation of the pilot Meeting Centres suggest that attending a Meeting Centre over a period of six months had a positive effect on quality of life for people with dementia. Through using a quality of life measure (Brod et al, 1999), they saw increases in self-esteem and feelings of belonging, whilst reducing factors that can have a negative impact on quality of life such as feeling afraid, lonely or worried. In addition, family carers who attended a Meeting Centre reported decreased levels of loneliness (UCLA Loneliness Scale: Russell et al, 1980).

[1] www.meetingdem.eu

References

Brod, M., Stewart, A.L., Sands, L. & Walton, P.(1999). Conceptualization and measurement of quality of life in dementia: The Dementia Quality of Life instrument (DQoL). *Gerontologist,* **39**(1):25-35.

Dröes, R.M., Breebaart, E., Tilburg, W. van, and Mellenbergh, G.J. (2000). The effect of integrated family support versus day care only on behavior and mood of patients with dementia, *International Psychogeriatrics*, Vol. 12 No. 1, pp. 99-116.

Dröes, R.M., Breebaart, E., Meiland, F.J., Van Tilburg, W. & Mellenbergh G.J (2004a). Effect of Meeting Centres Support Program on feelings of competence of family carers and delay of institutionalization of people with dementia. *Aging & Mental Health*, 8(3):201-11. DOI: 10.1080/13607860410001669732

Dröes, R.M., Meiland, F.J.M., Schmitz, M. and Tilburg, W. van (2004b). Effect of combined support for people with dementia and carers versus regular day care on behaviour and mood of persons with dementia: results from a multi-centre implementation study. *International Journal of Geriatric-Psychiatry*, Vol. 19 pp. 1-12.

Dröes, R.M., Meiland, F.J.M., Schmitz M., Tilburg, W. van and Mellenbergh, G.J. (2006). Effect of Meeting Centres support programme on informal carers of people with dementia; results from a multi-centre implementation study. *Aging & Mental Health*, Vol. 10, No. 2 pp. 112-24.

Mangiaracina, F., Chattat, R., Farina, E., Saibene, F.L., Gamberini, G., Brooker, D., Evans, S.C., Evans, S.B., Szcześniak, D., Urbanska, K., Rymaszewska, J., Hendriks, I., Dröes, R.M., and Meiland, F.J.M. (2017). Not Re-inventing the Wheel: The Adaptive implementation of the Meeting Centres Support Programme in four European countries. *Aging and Mental Health*, Vol 21, No. 1, pp. 40-48

Meiland, F.J.M., Dröes, R.M., De Lange, J., & Vernooij-Dassen, M.J.F.J. (2004). Development of a theoretical model for tracing facilitators and barriers in adaptive implementation of innovative practices in dementia care. *Archives of Gerontology and Geriatrics*, 38, 279–290. doi:10.1016/

Meiland, F.J.M., Dröes, R.M., Lange, J. de, Vernooij-Dassen, M.J.F.J.(2005). Facilitators and barriers in the implementation of the meeting centres model for people with dementia and their carers. *Health Policy*, 71(2): 243-53.).doi:10.1016/j.healthpol.2004.08.011

Russell, D., Peplau, L.A., & Cutrona, C.E. (1980). The revised UCLA Loneliness Scale: Concurrent and discriminant validity evidence. *Journal of Personality and Social Psychology*, 39, 472-480

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