

SUPPLEMENT 2**Exploring family carers' and volunteers' experiences with Namaste Care in the home setting: a qualitative interview study in the United Kingdom and the Netherlands****Preparation phase – quotes from interviewees**

1. “You should definitely offer Namaste Care to community-dwelling people with dementia, because what we see is that people are admitted to our nursing home at a very advanced stage. They continue to live at home longer and longer. And I think that, the press is also talking about it, that it is becoming increasingly difficult for informal carers, and that people with dementia are even treated unfairly in the home situation sometimes. If a caregiver can become more involved in Namaste, then they will receive tools to make people a little calmer again, or a little more alert, cope with behaviours. I think that would work well at home.” (manager nursing home, Netherlands)
2. “Well, for people with dementia, and especially those who live at home with their partner. Involve the partners too. You get new ideas to do [with the person with dementia]. You see different things and then you think: hey, I can do that too! Those kind of things.” (family carer, Netherlands)
3. “I think it [the session] should last about an hour, one-and-a-half maximum. That is based on my experience here [in the nursing home]. Usually we were sort of done after 90 minutes. Do you remember the lady that is always looking for her husband? Well, she always enjoyed the Namaste session, you could really see it. Fun and it distracted her from looking for her husband. After about 90 minutes she was always done with Namaste, so I would say 60 to 90 minutes per session is best.” (staff, Netherlands)
4. “For some family members, acceptance is also a very difficult thing. I can imagine that, because it touches you inside. You know someone and then ... So I think that guidance for carers would also be very good.” (volunteer, Netherlands)

SUPPLEMENT 2*Pilot phase – quotes from interviewees**Evaluation of the content of the Namaste program*

5. “We are herd animals, aren’t we. So there is a value in purely visiting for the purposes of companionship and enjoyment.” (carer, UK)

Effects on people with dementia

6. “I think that she enjoyed it very much. Really good one-on-one moments, warm, loving, one-on-one for her” (volunteer, Netherlands)
7. “She put her head on my shoulder, closed her eyes, she smiled and she was listening to the music. Before that, when I first arrived, she was crying because she didn’t know what she was supposed to be doing. Then she went from that to this bliss moment – which was lovely.” (volunteer, UK)
8. "She talks a little more and a little easier. Withdraws less. And that's just - very, very important." (carer, Netherlands)

Effects on carers

9. “So that's what it did for me, a different perspective on her, on what she needs, likes.” (carer, Netherlands)
10. “The relative is also like getting to know how to behave with the patient.” (volunteer, UK)

Effects on volunteers

11. “And then I said – I pray to Jesus that you know, you’ll be well, and have the strength to enjoy your live. Do whatever you want to. But then she [community member] came back: ‘well, I’m going to pray to Jesus that you come to visit me until I die’ [laughs]. [...] And you know, that was from someone who – according to the carer, the community member was very dubious when I first arrived. Where are you from, what are you doing here, how do you know I’m here. Things like that. After a couple of sessions we came to that stage. A very, very powerful moment.” (UK, volunteer)
12. “Sometimes I go early morning, because she cooking the dinner, and she say can you help me? We do wine, food, together. Sometimes two three hours, sometimes in the evening. I feel part of the family now.” (UK, volunteer)

SUPPLEMENT 2*Facilitators and barriers*

13. “I think it’s important to share things about yourself as well. Maybe that isn’t encouraged enough in Namaste, that you talk about yourself. People ask questions. One person, she’d say things like: did you drive here, or how far did you have to come, or do you have children. She’d ask things, it was nice to share things about myself as well. Like – I know, previously in previous professions, in social work, you would not talk about personal details like that. Nice, that little bit of flexibility. Sharing, it’s not all about – the same as that person. This is you, and this is me. You become much more connected.” (volunteer, UK)
14. “The relatives ideally should be engaged and really there. But most of the time they are not. Looking for some kind of break. [...] It would be great to begin with [...] if they can help me to know more about the person, especially when they cannot communicate themselves” (volunteer, UK)
15. “Well, to be honest, I haven’t experienced much of that because I actually - ehhm – did not wanted to influence the situation. Funny thing is, because we are very close, and when things go a little too fast, she is quick to look to me. Like: what am I supposed to think about this? And that’s not what we intended. I really just wanted her to get to work with [volunteer], and so that’s why I really kept my distance.” (carer, Netherlands)
16. “By the time someone starts to warm up, and that often takes a while with people who are not very easy to approach anyway, yes, then it’s already over. So it was relatively very short. That is actually the only thing - that could have been longer, actually.” (carer, Netherlands)