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Haar onderzoek richt zich op internationale migratie, sociale bescherming, netwerken en welzijn. Momenteel leidt ze het door Volkswagen gefinancierde project MIG-AGE in Nederland, dat onderzoek doet naar goed ouder worden onder oudere migranten in Europa.

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Category: Research

EVALUATING FIDELITY AND FEASIBILITY OF THE SELF- MANAGEMENT OF WELL-BEING INTERVENTION FOR LONG-TERM SOCIAL ASSISTANCE RECIPIENTS

EVALUATIE VAN DE GETROUWHEID EN UITVOERBAARHEID VAN DE GRIP&GLANS INTERVENTIE VOOR LANGDURIG BIJSTANDSGERECHTIGDEN

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ABSTRACT

Background. This study assessed fidelity and feasibility of the Self-Management of Well-being (SMW) intervention for long-term social assistance recipients (SARs).

Methods. Next to evaluation forms and on-site observations, semi-structured interviews with participants and teachers were used, which were recorded and transcribed verbatim. Thematic analysis was performed using ATLAS.ti 23.

Results. The intervention was executed with high fidelity, and seems feasible for the target population. Teachers and participants were positive about the intervention, its complexity, facilitation strategies, recruitment, quality of delivery, participant responsiveness, acceptability, and suitability. Participant dropout was relatively high.

Discussion. This study contributes to improving the well-being of long-term SARs, as it provides an adequate support tool for this group. Drop-out remains a challenge. The positive results encourage widespread dissemination of the intervention. A study on its effectiveness is underway.

KEYWORDS

Process Evaluation, Self-Management of Well-being Intervention, Social Assistance Recipients, Long-term Unemployment, Fidelity, Feasibility

SAMENVATTING

Achtergrond. Dit onderzoek evalueert de getrouwheid en uitvoerbaarheid van de GRIP&GLANS (Zelf-Management-van-Welbevinden) interventie voor langdurig bijstandsgerechtigden.

Methoden. In dit onderzoek zijn evaluatieformulieren, observaties en semigestructureerde interviews met docenten en deelnemers gebruikt. De interviews werden opgenomen en getranscribeerd. De thematische analyse werd uitgevoerd met behulp van ATLAS.ti 23.

Resultaten. De interventie werd zeer getrouw uitgevoerd en blijkt uitvoerbaar voor de doelgroep. Docenten en deelnemers waren positief over de interventie, de complexiteit ervan, de beschikbare hulpmiddelen en begeleidingsstrategieën, de werving, de kwaliteit van de uitvoering, de participatie van de deelnemers, de mate van acceptatie en de geschiktheid van de interventie voor de doelgroep. De uitval van deelnemers was relatief hoog.

Discussie. Dit onderzoek draagt bij aan het verbeteren van het welbevinden van langdurig bijstandsgerechtigden door het bieden van een adequate groepsinterventie voor deze doelgroep. De positieve resultaten pleiten voor een brede verspreiding van de interventie, hoewel de uitval

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van deelnemers een uitdaging blijft. Een onderzoek naar de effectiviteit van de interventie is momenteel gaande.

TREFWOORDEN

Procesevaluatie, GRIP&GLANS interventie, Zelf-Management-van-Welbevinden interventie, Bijstandsgerechtigden, Langdurige werkloosheid, Interventiegetrouwheid, Uitvoerbaarheid

INTRODUCTION

Over a period of two years, the number of social assistance recipients in the Netherlands decreased from 415,270 in 2020 to 386,000 in 2022 (CBS, 2023a). However, at the same time, the number of individuals who received social benefits for five years or longer increased (Terpstra et al., 2022). This shows that individuals who are considered 'fit-for-work' or easier-to-employ succeed to exit social assistance, while the 'hard-to-serve clients' do not receive sufficient support (Koning & Heinrich, 2013). Many OECD countries have persistently struggled to support people at risk of becoming long-term SARs: people often referred to as recipients who are 'vulnerable', 'harder-to-help', or have 'multiple problems and needs' (Andersen et al., 2017; McGann et al., 2019). This lack of support is harmful, as long-term unemployment leads to income loss (Cole et al., 2009; Strandh, 2000), and erosion of psychosocial benefits from paid work (Jahoda, 1982; Selenko et al., 2011). Moreover, unemployment is associated with negative effects like 'helplessness' (Seligman & Maier, 1967; Van Regenmortel, 1996), low self-esteem, fear, and depression (Ball, 2009; Darity & Goldsmith, 1993), further undermining well-being.

Few studies have focused on interventions for long-term SARs despite unemployment's profound impact on mental health (Koopman et al., 2017). Moreover, interventions aiming to improve activation, health, well-being, trust, self-reliance, participation, and the financial situation yielded disappointing results (Edzes et al., 2021; Van Echtelt et al., 2019; Verlaet et al., 2020). One explanation for the unsatisfactory results is that these interventions prioritize re-employment, labor market attachment (referred to as 'work first'), and productivity potential (referred to as 'human capital'), without adequately addressing the challenges faced by long-term unemployed and vulnerable individuals (Danneris, 2018; Dean, 2003; Paul & Moser, 2009). Acknowledging and addressing their well-being needs is essential, given that unemployment is one of the most significant challenges that can affect an individual's life course (Strandh, 2000). Therefore, interventions that prioritize well-being needs of SARs with complex problems over the obligation to work (referred to as 'life-first approach'), might be more successful in improving their well-being

and participation (Lindsay et al., 2014). Another explanation for the disappointing results might be that existing interventions overlook the potential decrease in control and agency among long-term SARs due to their life circumstances (Fryer & Payne, 1984; Paul et al., 2016). Focusing on such factors seems crucial, as earlier studies stressed the importance of a sense of agency, control (Creed & Bartrum, 2008; Strandh, 2000), and ability to cope with unemployment (Raito & Lahelma, 2015), for the well-being of unemployed individuals.

Building on previous research, an intervention focusing on enhancing the agency and subjective well-being of long-term SARs seems beneficial. The Self-Management of Well-being (SMW) intervention (Steverink, 2014; Steverink et al., 2005) has proven effective for women aged 50 and older facing psychosocial issues, loneliness, and lack of control (Goedendorp et al., 2017; Kremers et al., 2006). Based on Self-Management of Well-being (SMW) theory (Steverink, 2014; Steverink et al., 2005), and Social Production Function theory (SPF; Lindenberg, 1996), the SMW intervention teaches participants, first, to become aware of the physical and social domains of well-being that are important to them, and the domains that would need improvements. Secondly, the intervention offers and teaches self-management strategies to work on the improvement of these personally important well-being domains, during 8 weekly sessions. This is done by means of various tools, exercises and homework (for an extended description of the SMW intervention, see <https://www.movisie.nl/interventie/grip-glans-groepscurcus>).

Previous research on the effects of the SMW intervention has shown significant improvements on overall self-management ability, well-being and loneliness (Goedendorp et al., 2017; Kremers et al., 2006). Because the SMW intervention seems to align with the fundamental well-being needs of long-term SARs, we developed a slightly adjusted version of the intervention with input from experienced SMW teachers and SARs themselves to cater to their specific situations. Adjustments involved incorporating new 'role models' that serve as examples throughout the intervention, and adjusting activities and assignments to suit the situation of SARs.

The purpose of this study was to execute a process evaluation of the slightly adapted SMW intervention for long-term SARs. Determining its fidelity and feasibility is an essential first step before studying the effectiveness of a new intervention. A process evaluation identifies potential barriers and facilitators and informs future delivery for the best possible outcomes (Mendel et al., 2008; Oakley et al., 2006). Figure 1 depicts the Conceptual Framework illustrating the fidelity of the intervention, and the (moderating) influence of feasibility factors. Feasibility factors are differentiated into two categories: those associated with delivering the intervention and those linked to the preliminary evaluation of intervention outcomes.

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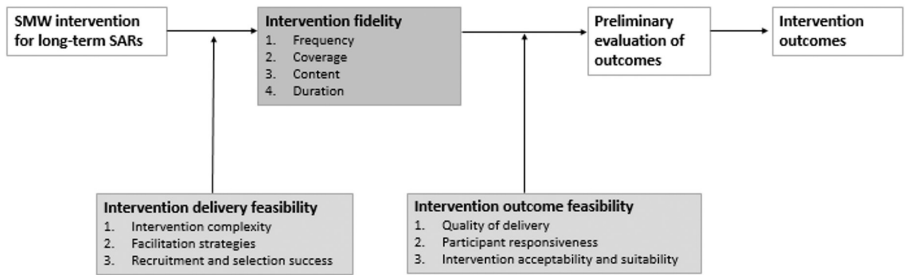


Figure 1: Conceptual framework fidelity and feasibility.

The conceptual framework is inspired by the Conceptual Framework of Implementation Fidelity (CFIF; Carroll et al., 2007), the Feasibility Framework (Gadke et al., 2021), and the Five Objectives of Feasibility Work (Orsmond & Cohn, 2015).

Intervention fidelity refers to the degree to which an intervention is delivered as intended (Bellg et al., 2004; Moore et al., 2015), with the same components, intensity and duration as specified by the intervention designer (Mowbray et al., 2003). Following the CFIF, we evaluated whether the intervention adhered to the frequency, coverage, content and duration as prescribed by its designers. Our first research question is: Is the intervention delivered as intended?

Intervention feasibility concerns its potential for successful execution with the intended target group, with the main questions: ‘Can it be done, should we proceed with it, and if so, how?’ (Eldridge et al., 2016; Orsmond & Cohn, 2015). In order to answer these questions, we evaluated the following – not necessarily discrete – feasibility factors: intervention complexity, facilitation strategies, recruitment and selection success, quality of delivery, participant responsiveness, and intervention acceptability and suitability (Carroll et al., 2007; Gadke et al., 2021; Orsmond & Cohn, 2015). Therefore, our second research question is: How did participants and teachers experience the intervention process? Table 1 presents the feasibility factors and corresponding research questions.

METHODS

The intervention

The slightly adjusted SMW intervention comprises eight two-hour weekly group sessions (6 to 8 participants) with a booster session after six weeks. Each session, except the first, follows the same

Table 1: Feasibility components and research questions.

Feasibility component	Research question
Intervention complexity	Is the intervention simple but specific, detailed, and well-structured?
Facilitation strategies	What are the resources needed to successfully manage intervention execution?
Recruitment and selection success	Were participants from the intended target population successfully recruited and selected?
Quality of delivery	How was the intervention delivered by the teachers (in terms of their skills, enthusiasm, preparedness and attitude)? Was the delivery appropriate to achieving what was intended?
Participant responsiveness	To what extent were participants engaged by and involved in the activities and content of the program?
Intervention acceptability and suitability	Is the intervention both acceptable (e.g., satisfaction with, and benefits of the intervention, burden, and unexpected events) and suitable (e.g., appropriate)?

structure, consisting of an average of six activities. They begin with discussing the homework, followed by introducing the theme of the session. Guided by SMW theory, the sessions revolve around the five core well-being domains, targeting one or more of the six self-management abilities. Activities vary in theoretical and practical aspects, and participants receive a workbook with session summaries and assignments to be completed at home.

Two social workers, certified as SMW-teachers, lead the group sessions. They completed a two-day training by qualified SMW trainers to become teachers. The teacher-training covers the intervention's theory and objectives, and the use of a detailed teacher's manual that outlines every session and its activities. Strict adherence to the manual is emphasized to guarantee program fidelity. The training also covers how to apply participant workbooks and other course materials.

Study setting and sample

The study took place at a municipality located in the Northeastern part of the Netherlands, consisting of smaller villages and one town with 22.000 inhabitants. In this municipality, 32 individuals per 1000 receive social assistance benefits, which is a relatively high number compare to the median of 10 to 15 individuals per 1000 in Dutch municipalities (CBS, 2023b). Our target group consisted of unemployed male and female adults aged 27 to 67. Other inclusion criteria

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were: receiving social assistance benefits for a minimum of 12 months, being exempted from job application requirements, and not being expected to obtain a paid job within two years. Purposive sampling was used to reach this group.

Study preparations

The Ethics Committee of the department of Sociology of the University of Groningen (UG) approved the study (SOC-2021-S-0041), after which intervention participants were recruited. In collaboration with the benefit agency and the welfare organization of the municipality, we used two recruitment methods. The benefit agency sent flyers with cover letters to long-term SARs' home addresses, while key informants (e.g. work coaches and social workers) individually approached potential participants, in-person, or via e-mail/phone. Potential participants contacted the intervention teachers and underwent a 20-minute intake interview to discuss mutual expectations. Exclusion criteria were verified including: inadequate language skills, lack of motivation, time constraints, severe symptoms (e.g. depression), and incapacity for group participation.

If no doubts existed among both the intervention teacher and the (potential) participant about participation, the teacher explained the study, and participant's rights in detail (both verbally and in writing). Participants signed an informed consent form before the intervention started. After the third session, additional written consent was asked for audio-recorded evaluation interviews, conducted after the fourth session. Before the interviews, the researcher reiterated information about anonymity, confidentiality, and participants' rights to ensure the understanding of the research and its implications (Sudore et al., 2006), and to monitor continuous voluntary participation (Helgesson & Eriksson, 2011).

Data collection

Data was collected between October 2021 and July 2022. A mixed-methods design was used, including semi-structured interviews with participants and teachers, evaluation forms, and on-site observations. In order to capture participants' experiences throughout the intervention, interviews were conducted during the intake, halfway (i.e., after four sessions), and at the end (i.e., after the eighth session) of the intervention. The first author (AV) and a research assistant conducted the interviews, which lasted between 12 and 36 minutes ($M=22.8$ minutes). Topic lists provided an overview of relevant feasibility components, and were developed for teachers and participants separately. Interviews with the teachers were conducted after the eighth session, ranging from 33

Table 2: Data collection methods and measures.

Data collection method	Measure	By whom
Intake interviews (semi-structured)	Demographic data, reasons to participate, and intervention expectations.	Teachers with participant
Halfway and final interviews (semi-structured)	Experiences and reflections of the participants (i.e. quality of delivery, participant responsiveness, acceptability)	Researcher with participant
Evaluation forms (questionnaire)	Participant attendance, proportion of activities delivered as per the manual, mean session length, comments on level of participation, use of intervention materials, and factors that possibly influenced implementation.	Teachers
Teacher interviews (semi-structured)	Experiences and reflections of the teachers (i.e. recruitment and selection success, facilitation strategies, participant responsiveness)	Researcher with teacher
Observations (notes)	Quality of delivery, participant responsiveness, success and failure aspects.	Researcher

to 46 minutes ($M=39.7$). Furthermore, teachers completed evaluation forms during or after each session to assess fidelity. Finally, the first author (AV) observed eight sessions to obtain a clear impression of the progress of the sessions. During the observations, the primary focus was on the conduct of the sessions by the teachers (were all intervention components offered as prescribed, e.g. the intended content and exercises, the right order, etc.), and on participant responsiveness (e.g. were the intervention components understandable, did participants engage actively?). Additionally, attention was given to both success factors and obstacles that could potentially influence the intervention execution. Relevant observations were written down in a notebook. Data collection methods are presented in Table 2.

Data analysis

Interviews were audio-recorded and transcribed *verbatim*. Transcripts and notes were analyzed using deductive and inductive coding in ATLAS.ti 23. For the deductive method, we used a codebook with preliminary codes derived from the topic list (Doorewaard et al., 2015). Open, axial, and selective coding was used as part of our inductive approach (Strauss, 1987). Data were deconstructed into fragments, compared to each other, and sorted into categories. To ensure

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intercoder reliability, all members of the research team coded at least two transcripts, and reviewed and discussed the codebook. Any discrepancies were resolved through collective study of the coded segments. Evaluation forms were analyzed in Excel 2016.

RESULTS

Participants

Initially, 41 people expressed interest in participating in the intervention, but eleven did not attend the intake interview because of insufficient Dutch language skills, or misconceptions about the non-mandatory nature, leading to a lack of intrinsic motivation. Of the remaining 30 potential participants, four did not start with the intervention due to unmet expectations or practical reasons (e.g. the intervention sessions overlapped with volunteer work or therapy sessions). Ultimately, 26 individuals started in four separate groups: three groups with seven participants and one group with five participants. During the first three sessions, four participants were 'early dropouts', with reasons of sickness, or of other obligations, such as informal caregiving tasks. The final sample comprised 22 participants, as shown in Table 3. A number of 7 participants dropped out after the third session and were considered 'late dropouts'. Reasons for dropout in this group were similar to those of the early dropouts. If possible, teachers guided dropouts to more suitable forms of support and invited them to start the group intervention at a later time. Finally, two participants had to stop because their group did not continue, but they were invited by the teachers to join a new intervention group.

Regarding generalizability of the findings, we found that the participants who finished the intervention are comparable to the entire population of long-term SARs in the Netherlands in terms of age, educational level, living alone, being native Dutch, and number of years being SAR. They only differed on gender: relatively more women than men participated in the intervention.

Program fidelity

Table 4 presents the teachers' reports about fidelity. The intervention was executed four times ('frequency'). One group stopped after the fourth session, while the other groups completed all sessions. Because of several dropouts in this group, only two participants remained, which was deemed too few to continue. These participants were offered to participate in a next SMW intervention group. In total, seven participants dropped out. On average, each session had an attendance rate of 88.4% ('coverage'). The main reasons for being unable to attend the sessions

Table 3: Participant demographics (N=22).

	N (%)	Mean (range)
Age (in years)		48.7 (31 to 62)
Number of years in social assistance		8.5 (1 to 40)
Gender		
Male	8 (36.4)	
Female	14 (63.6)	
Ethnic background		
Dutch	16 (72.7)	
Other	6 (27.3)	
Household		
Living alone	14 (63.6)	
With partner	1 (4.6)	
With child(ren)	5 (22.7)	
With partner and child(ren)	1 (4.6)	
With parent	1 (4.5)	
Level of education (obtained)		
Secondary education	3 (13.6)	
Secondary vocational education	17 (77.3)	
Higher education	2 (9.1)	

Table 4: Intervention fidelity aspects.

Fidelity aspects	Frequency	Coverage	Content	Duration
Description	Number of intervention groups (participants)	Participant attendance N (%)	Proportion of activities delivered as per the manual (%)	Mean session length in mins (actual/prescribed)
Session 1	4 (22)	20 (91)	100	102/120
Session 2	4 (22)	22 (100)	100	99/110
Session 3	4 (22)	16 (73)	100	115/120
Session 4	4 (22)	16 (73)	100	106/110
Session 5	3 (15)	15 (100)	100	113/110
Session 6	3 (15)	11 (73)	100	115/105
Session 7	3 (15)	14 (93)	96.4	120/120
Session 8	3 (15)	14 (93)	100	146/130
Session 9	3 (15)	15 (100)	100	94/110

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were COVID-19 complaints or measures (e.g., quarantining after a (possible) infection). From evaluation forms and observations, we learned that the intervention content was delivered accurately, i.e. as prescribed by the very detailed teacher's manual, and in the correct order. The reason for the slightly partial delivery of activities at session 7 was that the group wanted some time to support a participant being emotional about certain experiences. Overall, the actual sessions' length was close to the prescribed session length, only the eight session took a bit longer because evaluating the intervention was part of this session ('duration').

PROGRAM FEASABILITY

Intervention complexity

Teachers found the materials detailed and well-structured, facilitating smooth preparation and execution. Participants agreed that the intervention was clear, specific, organized, and not overly complex. Some participants found certain content familiar, resembling what they had learned during another intervention. Some said that few activities were a bit superficial, as they longed for an individual in-depth approach to improve their well-being. They, however, understood that this was not possible in a group intervention.

Facilitation strategies

The teachers found the two-day training, detailed teachers' manual, and other course materials helpful to successfully execute the intervention. Furthermore, they reported having sufficient space, time, and expertise. They appreciated the community center's pleasant atmosphere, which made both teachers and participants feel at home. The teachers emphasized the importance of incorporating humor into the sessions, and adapting the sessions to specific needs of the group, without deviating from the manual. Additionally, teachers stressed the benefits of administering the intervention in pairs of two teachers who are attuned to each other, and the availability of substitute teachers who could cover a session when needed.

Recruitment and selection success

In total, 22 long-term SARs participated in the intervention. As described above, 19 out of the 41 potential participants did not complete, or even start, the intervention. With regard to selecting participants, teachers said that – out of their goodwill to help people – they sometimes loosened the inclusion criteria during the intake. However, in order to minimize dropout, and its

adverse consequences for both teachers and participants, they recognized the need to be stricter on eligibility criteria, and be more alert on lack of motivation, or personal circumstances that complicate the ability to attend meetings.

'We have a strong tendency to help people, and thus, we are committed to offering the intervention to all of them, but we might have to scale back the willingness to support everyone. (...) We have to be stricter, and more alert during the intake.' (Jeanet, teacher)

Participants suggested that targeted recruitment could minimize dropout. For example, they recommended avoiding sending flyers to the homes of individuals who do not possess relevant language skills. Furthermore, participants also advised clearer information about the intervention's content during the intake interviews, in order to manage expectations and prevent early dropout.

In sum, the intended target population was successfully recruited and selected, but the dropout rates were relatively high, indicating a need for improvements in participant selection and expectation management regarding the intervention content.

Quality of delivery

All participants, except one, expressed their high satisfaction with the teachers, appreciating their clear explanations, respect, openness, and the interactive atmosphere. In particular, participants noted that the teachers' commitment to the intervention seemed to go beyond just a job, as they appeared to put in a lot of passion and effort. 'They are not just trying to convey the necessary content, they have a piece of their heart in it (...). And they really believe in what they do.' (Noura, 47 years).

The teachers also mentioned the importance of their personal motivation and enthusiasm:

'Yes, and that intrinsic motivation. (...) Your own enthusiasm is important in this. (...) Because that is what you radiate, your own enthusiasm. And that is what they [the participants] say every time: you are doing it [the teaching] so nicely.' (Lonneke, teacher).

Participant responsiveness

Observations indicated that participants showed an active attitude by asking and answering questions, responding to others, and participating in interactive session parts. Participants mentioned that they felt committed to the intervention, contributing actively to the sessions, and

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doing assignments at home. Group engagement was also highly valued, especially their attentive listening and willingness to share personal experiences. Teachers also noted the participants' motivation and engagement:

'There was real motivation there. (...) Engagement with the intervention, active participation in the group with the activities, doing the assignments at home, calling other participants weekly. All that comes with [the intervention].' (Jeanet, teacher).

While most participants were highly motivated, some showed less motivation, mainly due to little intrinsic motivation, personal circumstances, and time constraints. This was not an issue as long as the majority remained motivated and engaged. Nevertheless, in one group, stress and personal problems among some participants negatively affected their motivation and engagement to such an extent that it disadvantaged others. As a result, teachers decided to end the intervention after four sessions for that particular group.

Program acceptability and suitability

Participants' feedback reflected their satisfaction with the intervention, commenting on the benefits of a group intervention (e.g. the positive social interactions with peers), the positive approach, and the structure, and support it offered for eight weeks.

'To me, the most valuable part was the contact with peers, to hear their stories. (...) We are all in comparable situations. You recognize parts of yourself in the others, and it gives confirmation (validation), and support, like, I'm not the only one that feels this way.' (Dirkje, 47 years)

In addition, the intervention served as a 'big stick'. Not only because of its content, but also because the weekly sessions forced participants to get up, get out of their houses, and to mingle with other participants. 'I'm actually very glad I participated. (...) I really had the motivation to go somewhere, to get up out of bed and come here.' (Felice, 31 years).

Most participants mentioned that they learned to set (achievable) goals, which subsequently led to increased self-discipline and control over their lives.

'Learning to set goals is very helpful. (...) And the big stick is that you have to discuss it during the next group-session. (...) So, yes, I think that this [intervention] has been a good stepping stone. (...) With all the things you have heard, the goals you have set, the positive things that

you have written down every day. (...) Things have been set in motion, it is progress!' (Elianne, 49 years)

Besides, participants became more aware of positive things in their lives, and were able to turn negative thoughts into positive thoughts. Consequently, they experienced an overall more positive outlook on their daily lives.

'In my current way of thinking, I'm trying to be more positive, or to change my thoughts into something positive. If I'm having any negative thoughts, I remind myself to switch over – or, I hear [Teacher 1] her voice in my head, who says: Put your rose-colored glasses on, try to stay positive!' (Felice, 31 years)

Most participants were content with the number of sessions and the sessions' duration. Some preferred more sessions, primarily for social reasons. Sometimes an unexpected adverse event negatively affected participants' satisfaction with their intervention participation, such as participants with a negative attitude who demotivated others, conflicts between participants, or an argument between participant and teacher. Teachers resolved conflicts individually.

Despite these few challenges, both teachers and participants found the intervention appropriate for the target group. As a participant said:

'[The intervention is appropriate for] people who have a distance to the labor market and who... slipped away. Slipped away to living isolated at home while they are actually quite social... People who have been through a bad experience, and who... need to be made aware of their positive aspects.' (Roelof, 60 years)

In particular, participants would recommend the intervention to SARs who lost a positive view on life, have been through a lot, feel lonely, have only few social contacts, and struggle with negative thoughts about themselves, and life in general. Teachers added that the intervention could even be more beneficial to participants who dropped out, as especially the dropouts seemed to be the ones needing support to get a more positive perspective and get their lives a bit more on track.

'Those who dropped out are precisely the people of our target group, of whom you think: those would be very suitable participants. (...) All four of them could have progressed (...) and I feel like the intervention could have contributed to that.' (Jeanet, teacher)

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Participants also thought that dropouts could have benefited from the intervention, as dropout is a good example of escapism, a behavior that the intervention tackles. Moreover, some thought that the intervention might be applicable to a broader target group:

'I would recommend the intervention to people who are in a slump, in a general sense. Who actually have lost grip on their lives. (...) Who are stuck in a certain life pattern that actually makes them see it all in a negative way. Always aware of everything that could go wrong. People who think in impossibilities instead of in possibilities.' (Els, 60 years)

In general, the intervention seems both appropriate, acceptable and suitable to participants. The content suited their current life situations, although few people had personal circumstances that made it difficult to participate in the group intervention.

'I don't know what happened to [participant]. (...) But the intervention was yet a bridge too far. (...) He started rebuilding his life recently, but it is still very fragile. The intervention does not only offer support, it is also something that requires an effort.' (Harm, teacher)

DISCUSSION

In this study, we delivered the SMW group intervention to 22 long-term SARs in a Dutch municipality, and evaluated its fidelity and feasibility to determine if, and under which circumstances, the intervention could be successfully delivered.

We observed a high rate of adherence to frequency, coverage, content, and duration when evaluating intervention fidelity, aligning with earlier research on the implementation of the SMW intervention to women aged 50 years and older (Goedendorp et al., 2017).

With respect to intervention feasibility, teachers and participants agreed that the intervention was clear, specific, and well-organized, which has contributed to its fidelity, as well-planned interventions are more likely to be implemented with high fidelity than those that are too complex or vague (Dusenbury et al., 2003; Mihalic, 2004).

Teachers were satisfied with facilitation strategies, including the teacher training, equipment, time, and expertise, as these helped to enhance and maintain implementation fidelity. They also mentioned benefits of administering the intervention in pairs, having a substitute teacher, and the importance of humor and adaptability to the group's needs during the sessions. These elements are

particularly crucial in social welfare services, as policies and practices underscore the significance of personalized and human-centered interventions (Edzes et al., 2021; Kremer et al., 2017; Schouten, 2022; Van Echtelt et al., 2019).

We obtained a sufficient number of participants, despite encountering relatively high numbers of non-starters and dropouts during recruitment and selection. Those who dropped out often had more health or family issues than those who remained. So, there might have been selective dropout, which, however, seems hard to prevent considering the complex circumstances of many SARs. This aligns with earlier research indicating that social assistance recipients who are poorer and more stressed are more likely to refrain from participating in and to drop out of experiments (Betkó et al., 2019). Although practical and personal circumstances were main reasons for dropout, earlier research suggests that social withdrawal as stigma-management might also play a role among long-term SARs (Lindsay, 2010; Peterie et al., 2019). Future interventions should pay attention to both the circumstances and stigma-management of long-term SARs so that they can participate in and benefit from interventions.

Participants expressed high levels of satisfaction with the quality of delivery, particularly praising teachers' teaching skills, clear explanations and engaging atmosphere. They highly valued teachers' involvement and commitment, which are critical for delivering high quality interventions (Dusenbury et al., 2003). Both participants and teachers highlighted the teachers' motivation and enthusiasm, which are associated with increased implementation fidelity (Ringwalt et al., 2003).

We found that participants actively participated in and contributed to the intervention sessions, although one group discontinued the intervention due to a lack of motivation and engagement from a few participants.

Finally, participants were satisfied with the intervention's acceptability and suitability, reflecting positively on its content, group setting, and support it provided over the eight-week period. Participants and teachers believed that the intervention well-suited the participants, though they thought it could offer even more benefits to those who dropped out, or did not even start.

STRENGTHS AND LIMITATIONS

This study contributes to both research and practice by addressing the need for adequate support tools for long-term SARs (Heekelaar, 2021), and the lack of effective interventions aimed at improving their mental health (Koopman et al., 2017). By exploring teacher and participant

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experiences throughout the intervention, this study identifies challenges and crucial factors for successful intervention delivery and execution. One particular strength lies in employing data triangulation, gathering insights through diverse methods and perspectives, while collecting data at various time points.

Our study has some limitations. First, participants regularly dropped out due to various reasons, such as personal or practical circumstances. Interestingly, participants who completed the intervention felt that the intervention could be especially beneficial for those who dropped out. This way, our findings underscore the importance of investigating ways to minimize dropout, including improved information provision, expectation management, and targeted recruitment strategies. Second, the COVID-19 pandemic and its measures (e.g., quarantining after (possible) infection) resulted in lower attendance numbers, although in-person sessions were highly valued for providing rare social interaction during the pandemic. Third, a significant part of the fidelity data is based on evaluations by the teachers themselves and on observations by the primary researcher during 8 sessions in total. Yet, assessments by external evaluators might have added to the reliability of the fidelity findings.

CONCLUSIONS

Our findings show that the SMW intervention was delivered with high fidelity, demonstrating its suitability and feasibility for long-term SARs. Participants had positive experiences, actively engaging in and benefitting from the group sessions. Teachers successfully delivered the intervention with commitment and enthusiasm. Recruiting and retaining participants presented challenges, highlighting the importance of investigating ways to motivate and support the target population in actively engaging and persisting with the intervention. Our study underscores the importance of resources and strategies facilitating intervention execution, and having teachers and participants who are enthusiastic, motivated, and committed. Currently, we are applying the intervention to a larger sample, aiming to assess its effectiveness in improving self-management ability, well-being, and loneliness.

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