Supplemental material

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Supplementary file 6: Full list of CMOCs

Getting Members

CMOC 1: If the social aspect of an intervention is emphasised (C), then a wider range of people are likely to be interested (O), as a desire for social connection and activity is more universal than interest in a niche and potentially intimidating activity (M). [40,48,50,57,58,62,64,75]

CMOC 2: If food is offered (C), then people are more likely to attend (O), because the enjoyment of good food is universal and communal eating is associated with comfort, relaxation and social connection (M). [40,59]

CMOC 3: If facilitators are knowledgeable and empathetic, with good interpersonal skills (C), an initiative will be perceived as more welcoming and inclusive (O), as they will be better at understanding needs, engaging and building trust with potential members and their families (M). [36,37,38,39,40,41]

CMOC 4: If an initiative has an informal, unrushed and warm welcome on first visit (C), then people are more likely to want to return (O), as they are more likely to find the experience relaxing and enjoyable, not uncomfortable and intimidating (M). [40,42,43,44,45]

CMOC 5: If potential members have had poor previous experiences with groups or activities (dementia related or not) (C), they may not want to try another group or activity (O), because they think the experience will be similar and will want to avoid it (M). [37,41,46,47]

CMOC 6: If time is taken for personal contact, home visits or taster sessions with potential members (C), then people are more likely to come (O), as they will feel more familiar with the initiative and more trusting of those running it (M). [36,38,47,48,49,50]

CMOC 7: If an initiative is familiar and trusted, or local and well integrated with other organisations in the community (C), then people are more likely to come (O), as its links to familiar things that they trust will make it less intimidating (M). [37,41,42,48,51,52,53,54,55,56]

CMOC 8: If an intervention is based in familiar surroundings in, and open to, the community (C), then people are more likely to come (O), because potential members will find the normalcy, lack of stigma and chance for social integration appealing (M). [38,41,48,52,57,58,59,60,61,62]

CMOC 9: If a venue is dementia-friendly, comfortable and accessible (C), people are more likely to come (O), as they will not have concerns about comfort or access (M). [48,55,63,64]

CMOC 10: If an intervention is recommended by trusted family members and health professionals (C) people are more likely to go (O), as they will trust their judgement that it will be of benefit to them (M). [54,65]

CMOC 11: If discussion/training is held with families, carers and health professionals about their attitudes and beliefs towards dementia (C), they may be more likely to successfully encourage the person they care for to try an intervention (O), because they will understand dementia and be better able to overcome stigma and emotional barriers (M). [36,54,56,65]

CMOC 12: If evidence of an intervention's therapeutic benefits is made clear to families and care partners (C), then people are more likely to attend (O) as families and care partners will have confidence in the intervention so be more likely to encourage them to go (M). [38,41,75,78]

CMOC 13: If there is support for family/care partners alongside the intervention (C) then people are more likely to attend (O), as family and care partners will feel more able and inclined to attend themselves and encourage those they care for (M). [42,48,56,58,76,77,79]

CMOC 14: If an initiative is in a close-knit community with where there is stigma about dementia (C), then people and their families may be put off coming (O), as they may be concerned about confidentially and word of their condition (or that of their family member) getting out (M). [47,56,62,73]

CMOC 15: If an initiative provides enjoyable, meaningful activities (C), then this is likely to attract members (O), as doing them will provide a reason and motive for many to attend initially, even if they stay on for other benefits (M). [41,44,45,50,64,67,70,71,72,83]

CMOC 16: If an initiative provides normalised, mainstream activities (C), then they are likely to attract members (O), as they will have resonance with people's previous interests, experience and history that would like to continue in some form (M). [46,48,57,58,65,67,71,81]

CMOC 17: If an initiative offers a range of different activities and services (C), then people are more likely to attend (O), as the initiative will appeal to a wider range of people with a range of needs (M). [47,48,62,84]

CMOC 18: If potential members' culture, ethnicity and language are acknowledged and catered for within the initiative (C), then they are more likely to come (O), as they will feel more comfortable and valued (M). [47,56,63,69,80]

CMOC 19: If there is a lack of diversity (of members and personnel) or pandering to stereotypes (C), then people may be put off coming (O), as they may have concerns about discrimination and stigma beyond dementia (M). [53,56,70,77]

CMOC 20: If the initiative is run by a religious organisation or in religious venue (C), then people may be put off coming (O), if they are not of that religion or cultural background (M). [56,82]

CMOC 21: If a group is too inclusive when not appropriate (C), this can alienate potential target members (O), as they will feel it will not be focussed on their specific needs (M). [37,60,62]

CMOC 22: If an initiative differentiates activities and roles for members by ability (C), then this can encourage potential members to attend (O), as they will feel there is an appropriate place for them rather than everyone being lumped in together (M). [48,79]

CMOC 23: If an intervention is risk averse or underestimates members' abilities and avoids challenge (C), then potential members will be put off (O), because they will see its activities as too easy, boring or not appropriate for them (M). [63,64,69,73]

CMOC 24: If an intervention is ability-focussed with tailored support and sensitive design of facilities (C), it is more likely to persuade potential members to attend (O) as they will be encouraged and supported to overcome physical impairments and negative attitudes (M). [43,58,62,64,69]

CMOC 25: When an intervention can offer practical advice, information and links to services that can help people (C), then it is more likely to attract members/service users (O), as they will be able to see that it has something to offer them that will meet their most immediate and pressing needs (M). [42,44,45,54,73,85]

CMOC 26: If safe, supported transfer from home to venue can be guaranteed (C), then people will be more likely to come (O), because they will be more likely to overcome any concerns about going out and getting to a group or activity session (M). [36,38,44,45,47,60,64,65,85,73]

CMOC 27: If the transport available isn't appropriate, reliable and respectful of people with dementia (C), then people will not come (O), as will not want to use that transport to get there (M). [37,47,49,64,76,77,82]

CMOC 28: If transport costs are significant and there is no financial support (C), then people will not come (O), as they will not be able to afford the transport costs (M). [36,38,56,59,64,76,78,82]

CMOC 29: If the venue is not in people's own neighbourhoods, is geographically distant or hard to reach (C) then people will not come (O), as they will find it difficult or intimidating to get there (M). [49,60,61,86]

CMOC 30: If an initiative forms links with community and public transport/taxi firms (C), then this will attract members (O), as they will find it less difficult or intimidating to travel to the venue (M). [48,76,77]

CMOC 31: If referrers are not made clearly aware of the added value, target population, ethos and activities of an intervention (C), then they will be less likely to refer appropriately (O), as they will not understand the value of it to their clients (M). [41,51,61,75,79]

CMOC 32: If there is constant contact and collaboration with potential referrers (C), then they are more likely to refer members (O), as they will build a relationship with the intervention that will mean they are better able to understand and remain alert to it (M). [46,51,54,55,74,75,79]

CMOC 33: If PR materials are not available in the right places or presented to people in the right circumstances (C), then they will not try an intervention (O), because they will not access those materials to find out about an intervention's potential value to them (M). [36,47,56,78,82]

CMOC 34: If PR materials are not in an understandable and appropriate format and tone (C), then people will not try an intervention (O), as they will find the materials too off-putting to engage with (M). [38,49,56,61,67,73,74,80]

CMOC 35: If PR materials do not make clear the specifics of an intervention, what to expect and how to attend (C), then people will be less likely to come (O), as they may be anxious due to uncertainties over what they will have to do and its value to them (M). [41,48,51,56,89]

CMOC 36: If an intervention has a stigma-free name that resonates with its target population (C), then people are more likely to come (O), as they will have confidence that they will be treated with respect and not suffer stigma when they go (M). [38,46,56,59,66,72]

CMOC 37: If the local community is fragmented with no local welfare organisation to distribute information (C), then people will be less likely to come (O), as it will be more difficult to get the word out to the right people in the community (M). [37,56,61]

CMOC 38: If in intervention forms links with existing groups, organisations and venues serving same demographic (C), then people will be more likely to come (O), as information and marketing materials will be more likely to reach them (M). [48,54,62,67,83]

CMOC 39: If all those involved in a person's care work together to collate and co-ordinate information (C), then people will be more likely to come (O) as information and marketing materials will reach them more efficiently (M). [36,61]

CMOC 40: If there is a dedicated linking, contact or health care adviser service (C) then people will be more likely to come (O) as information and marketing materials will reach them more efficiently (M). [36,38,44,45,47,56,75,80,88]

CMOC 41: If awareness of the needs of people dementia and of how an intervention can meet them is raised in the community in general (C), then people will be more likely to come (O), as stigma will be reduced and the value of the intervention communicated through word of mouth (M). [36,37,38,46,47,48,51,54,56,59,67,70,83,84,87]

CMOC 42: If GPs were given more incentive and guidance for social prescribing (C), then they would refer more people (O), because they would have a vested interest and confidence in doing so (M). [47,69]

CMOC 43: If there are significant bureaucratic problems with referring (such as chronic waiting lists, area border issues or the need for signed consent) (C), then professionals will be less likely to refer (O), as they will anticipate difficulties that will thwart their attempt to refer (M). [47,61,80,88]

CMOC 44: If GPs do not diagnose dementia until people are at later stages (C), then they will not refer people to community initiatives (O), as they will not see initiatives targeted towards those at earlier stages still able to live at home as appropriate for those they are diagnosing (M). [76,79]

CMOC 45: If an intervention waives the need for a diagnosis and accepts self-diagnosis (C), more people will come (O), as this will encourage a wider range of potential members and avoid excluding people who might benefit (M). [38,57,79,83]

CMOC 46: If an initiative's membership application process is not simple, clear, concise and easy (C), then people will not come (O), as the difficulty in applying will put them off joining (M). [38,44,45,74]

Keeping Members

CMOC 47: If there is group cohesion and mutual trust between members (C), then a group is more likely to sustain (O), because members will feel more solidarity and investment in the group (M). [65]

CMOC 48: If friendships between members are encouraged, recognised and supported by staff and activities (C), then people are likely to keep coming (O), as they will feel more supported, comfortable and engaged, and able to support each other (M). [43,54,66,67,68]

CMOC 49: If an intervention is too focussed on agendas, rules and expectations (C), then people may stop coming (O), because they feel pressured, restricted and unable to relax and enjoy the social and emotional benefits important to them (M). [44,45,63,67,69,70,71]

CMOC 50: If the pace of activity through the day/session is too fast and strict (C), then people may stop coming (O), because they will struggle to stay engaged and will not enjoy themselves (M). [43,48,57,61,72]

CMOC 51: If ample informal time is made for socialising, peer support and feedback (C), then members are more likely to keep coming (O), as they will be more likely to feel comfortable and supported (M). [40,43,48,50,58,62,65,67,69,70,71,72,73,74,75]

CMOC 52: If there is opportunity to have communal eating and relaxing in a "cozy" environment (C), then members are more likely to keep coming (O), as this will provide comfort and foster group cohesion. [40,65]

CMOC 53: If there is regular social integration with others outside of the group (C), then members are more likely to keep coming (O), as they will feel more connected and less stigmatised (M). [38,41,47,48,49,52,54,59,61,62,66]

CMOC 54: If activities are mainstream and involve others without dementia (e.g. family/carers or locals from the community) (C), then members are more likely to keep coming (O), as they will feel activities are more normalised, reducing stigma and increasing enjoyment (M). [37,46,47,48,54,57,61,76]

CMOC 55: If an intervention is treated as a "dementia free zone" where talk is not about a person's condition or medical issues (unless they want to raise them) (C), then people are more likely to keep coming (O), as they will find the environment more normalising and less stigmatising (M). [58,71]

CMOC 56: If an initiative contains projects which enable members to contribute to helping others in the community (C), then people are more likely to keep coming (O), because they will feel valued, useful and empowered (M). [47,67]

CMOC 57: If an initiative has links to existing mainstream public amenities (C), then people are more likely to keep coming (O), as they will recognise it gives them access to wider networks of support and friendship (M). [90]

CMOC 58: If members are involved in group decision-making and setting expectations (C), then people are more likely to keep coming (O), because they will feel ownership and investment in the group and confidence that the group is tailored towards their needs (M). [43,52,65,66,71,74,84]

CMOC 59: If regular feedback meetings are held to "tune" an intervention to the wants and needs of members (C), then people are more likely to keep coming (O), as activities will be kept appropriate and evolve to suit the membership (M). [41,44,45,48,55,67,91]

CMOC 60: If individuals are allowed to make their own decisions about what they do or don't do during a session (C), then they will be more likely to keep coming (O), as they will feel their independence and freedom is respected and their voice heard (M). [36,40,43,63,91]

CMOC 61: If staff treat people respectfully as equals and relate personally (C), then people are more likely to keep coming (O), because they will feel staff and the group as a whole understands them and their needs(M). [40,42,44,45,46,63,65]

CMOC 62: If strategies are planned to review individual progress and involvement (C), then people are more likely to keep coming (O), as they are more likely to remain engaged and feel part of the group as a whole (M). [43,59,74]

CMOC 63: If personnel listen to and act upon regular input from family and caregivers (C), then people are more likely to keep coming (O), as they will appreciate the increased personalisation and sensitivity to their needs (M). [41,59,61,63,91]

CMOC 64: If an initiative does not pay attention to the needs of family and care partners (C), then people are less likely to keep coming (O), because there may be unaddressed logistical difficulties for the family or carers such as fit with work or transport issues (M). [38,44,45,47,54,60,61,73,78]

CMOC 65: If an initiative can open for more hours and help arrange transport (C), then people are more likely to come (O), as this will take the pressure off family members and carers to be flexible and arrange things, and bypass logistical difficulties (M). [44,45,48,49,50,57,78]

CMOC 66: If members who are no longer the target for the intervention stay on because there is no exit strategy or onward service capacity (C), then this can discourage target members from continuing to attend (O), as they may feel the service is too stretched to meet their needs (M). [41,43,61]

CMOC 67: If an initiative does not cater equally both for new members and older members whose condition has progressed (C), then this can discourage one group or the other from continuing to attend (O), as they will feel the initiative is more focussed upon the other group hence not appropriate for them (M). [66,71,75]

CMOC 68: If a group or activity is not matched with members' interests and ability (C), then members may stop attending (O), as they will feel it is not appropriate for them or meeting their needs (M). [46,48,49,78]

CMOC 69: If activities involve a degree of challenge or learning (C), then members may be more likely to keep coming (O), as they will feel empowered and have a sense of achievement (M). [37,47,58,67,71,76]

CMOC 70: If an intervention pre-assesses members and plans strategies to meet their individual needs (C), then members are more likely to keep coming (O), because activities and support will be more likely to be appropriate for them (M). [43,44,45,57,59,60,74]

CMOC 71: If a venue is comfortable, familiar and stable, with adequate space and facilities (C), then people are more likely to keep coming (O), as they will feel relaxed, secure and at home there (M). [43,48,55,63]

CMOC 72: If a venue has multiple spaces within it (C), then people are more likely to feel comfortable there (O), as they will be able to move around and have a choice of activities, environments, social sub-groups or levels of involvement in activity (M). [63,89]

CMOC 73: If sessions are regular, routine and structured (C), then members will be more likely to keep coming (O), as they will feel comfortable and secure in the familiarity and reliability of proceedings (M). [38,40,43,47,48,65,72,73,75]

CMOC 74: If the venue and timings remain reliably the same (C) then members are more likely to keep coming (O), as it will become part of their routine (M). [43,48]

CMOC 75: If there is no continuity of staff or not enough staff to ensure reliable provision (C), then members may be less likely to keep coming (O), as they will find it difficult to have confidence and build trust in the intervention and its staff (M). [36,47,66]

CMOC 76: If an intervention works to a tried and tested model (C), then members are more likely to feel secure (O), as that model will provide a structure that works (M). [61]

CMOC 77: If there are not new ideas and some variety planned across the calendar (C), then members may stop coming (O), because they may feel the group/activities have become stale and boring (M). [37,43,67]

Getting Staff and Volunteers

CMOC78: If an initiative engages in community outreach such as talks and training with other groups and at events (C), then this will help attract volunteers (O), because the initiative's profile will be raised with wide range of stakeholders in the community (M). [46,59,83]

CMOC79: If awareness is raised in the community about the activities and benefits of a what an initiative does (C), then it will be more likely to attract appropriate personnel (O), as potential staff and volunteers will understand its value to service users and what they can do to help (M). [56,61,89,91]

CMOC80: If an initiative has links with like-minded groups (C), then they may get help finding and training staff volunteers (O), as they will be able to share ideas and practice on what is successful (M). [50,91]

CMOC81: If an initiative approaches established community organisations and authorities (third sector, faith or local authority) (C), they are more likely to get help with finding volunteers (O), as these organisations are likely to have access to an existing volunteer workforce or contacts that could help (M). [69,77]

CMOC82: If an initiative has links with professional, third sector or educational bodies (C), they may help with creating a more skilled workforce (O), because they may have the remit provide training for staff and volunteers (M). [80,84]

CMOC83: If an initiative is hosted by a public venue or local club (C), this may help with staffing (O), as the venue or club may have existing staff who can help with running things (M). [48,58,67,69]

CMOC84: If a community has an educational establishment running a health and social-care course (C), this could be a source of volunteers (O), as students/trainees will have the drive and interest to work with social-care-related activities to gain experience (M). [62,65,91,92,93]

CMOC85: If a formal partnership is agreed with an educational establishment (C), this will guarantee regular volunteers during term time (O), as work placements can be formalised as part of students' courses (M). [65,92,93]

CMOC86: If the initiative is in a rural area (C), then it can be more difficult to recruit volunteers (O), as there may be no educational establishment or body of students/trainees to recruit from (M). [53,83]

CMOC87: If the initiative is in a rural area (C), then it may take more time to recruit volunteers (O), as familiarity and personal contacts tend to be more important in small, close-knit communities (M). [83]

CMOC88: If the initiative is in a rural area (C), then it may be more difficult to recruit staff and volunteers (O), as they may not live geographically near members or the venue, presenting extra logistical challenges (M). [53,83]

CMOC89: If a community has a population of active retirees (C), this could be a source of volunteers (O), as they are likely to have time and experience conducive to volunteer work with older people (M). [56]

CMOC90: If there are friends and family of current or previous members/service users that are available (C), this could be a source of volunteers (O), as they will understand the value of the intervention and already be invested in it (M). [56,81]

CMOC91: If there are no specialist elements to the intervention or members with high care needs (C), then personnel do not need to have professional training or expertise (O), as they will still be able to understand and deliver the intervention for the benefit for service users (M). [58,72]

CMOC92: If in intervention has more than one skilled facilitator (C), then it can benefit more members (O), as the workload can be split and more one-on-one support for members offered (M). [71,73,75]

CMOC93: If an initiative's leaders/co-ordinators have good communication and interpersonal skills (C), then it is more likely to be successful (O), as they will engage and inspire other staff and volunteers (M). [38,51,61,79]

CMOC94: If volunteers' availability and interpersonal skills are inconsistent (C), an initiative is less likely to be successful (O), as it will not have a reliable workforce to run it (M). [73]

CMOC95: If funded support worker roles exist (C), then a reliable volunteer workforce is more likely (O), because they can help build a volunteer base (M). [50]

Keeping Staff and Volunteers

CMOC 96: If personnel are flexible and open to new ways of working (C), then they are more likely to work effectively (O), as they will be more likely to collaborate with others, sharing knowledge, experience, innovation, resources and effective working practices (M). [59,60,79,93]

CMOC 97: If personnel have advice or training to boost communication and collaboration skills (C), then they are more likely to work effectively (O), as they will be more able to share knowledge, experience, innovation, resources and effective working practices (both internally and externally) (M). [60,76]

CMOC 98: If personnel are driven and able to deal with stress (C), then they are more likely to continue (O), as they will be able to overcome the challenges and demands of running an intervention (M). [61]

CMOC 99: If facilitators are not able to take time for self-care (C), then they will burn out (O), as running an intervention can be challenging and emotionally demanding (M). [43,75]

CMOC 100: If time is taken to plan strategies for recruitment, training, support, retention and balance of personnel at the start (C), then personnel problems and burn out can be avoided (O), as planners will have thought through the challenges involved and put in place actions to tackle them (M). [70,74]

CMOC 101: If personnel have access to experienced tips and guidance (from materials or individuals) throughout an intervention's start-up period (C), they are more likely to continue (O), as they will be better informed to resolve problems and avoid common pitfalls (M). [37,56]

CMOC 102: If there is an ethos of inclusion, community, camaraderie and helping people (C), then personnel will be more likely to continue (O), as they will feel enjoyment and benefit from this ethos along with members/service users (M). [52,58,75]

CMOC 103: If there are a range of roles and levels of involvement for volunteers (C), they are more likely to be satisfied with volunteering (O), as they can do something that suits them and their abilities that they are comfortable with and interested in (M). [84]

CMOC 104: If volunteers are included in professional activities and training (C), they are more likely to be satisfied with volunteering (O), as they will feel their skills and development are valued by the initiative (M). [38]

CMOC 105: If there is limited and inconsistent funding (C), then an intervention is less likely to be able to retain paid staff (O), because their jobs and the long-term future of the intervention will not be secure (M). [73,79,84]

CMOC 106: If personnel roles are not secure (C), then an initiative is less likely to sustain (O), because turnover will be high and key individuals with key experience and contacts will be lost (M). [67,79,84]

CMOC 107: If volunteers are seen by authorities and commissioners as "coming for free" (C), then they are less likely to continue (O), as they will feel un-valued with their time and expertise taken for granted (M). [87]

CMOC 108: If unpaid volunteers are treated as a replacement for professional staff (C), then staff are less likely to continue (O), as they will feel their roles are undermined and un-valued (M). [51]

CMOC 109: If financial assistance is made available for volunteer groups (C), then they are more likely to continue (O), as they will have the resources and support to run more activities (M). [50]

Getting Support of Other Organisations

CMOC 110: If there is a higher public awareness and profile for people living with dementia (C), then dementia-targeted interventions are more likely to get support from other organisations, services and amenities (O), because there will be more recognition of their importance for society in general (M). [39,84,90]

CMOC 111: If the added value of an intervention is made clear to other organisations (C), then it is more likely to get support and find a place in the local care offer (O), because other organisations will understand it's value to their members/service users (M). [41,42,50,54,55,61,75,79,86]

CMOC 112: If an intervention engages with research and evaluation to gather evidence of benefits (C), then it is more likely to get support (O), because the resulting reports will lend it legitimacy in the eyes of other organisations (M). [37,70,80]

CMOC 113: If it is made clear that an intervention is based upon a strong evidence-based model (C), then it is more likely to get support (O), because that model will lend it legitimacy in the eyes of other organisations (M). [41,79,86]

CMOC 114: If an intervention involves the local community in its steering (C), then it likely to attract further community support (O), as key people and organisations in the community with wider links will feel a sense of ownership and investment (M). [84]

CMOC 115: When there are a range of organisations (e.g. local authority, third sector, faith, business and education) active in the community (C), they may be willing to offer support if asked (O), as they may have a remit to share resources such as venue space and facilities, equipment, training, staff, volunteers or contacts (M). [48,52,58,62,65,67,69,77,80,92,93]

CMOC 116: If an intervention model is flexible (C), then it has a better chance of finding support (O), as it can accommodate being run at a range of venue types in, a range of ways, by a range of host organisations (M). [69,71,72,75]

CMOC 117: If an existing social care business is approached (C), they may support, host or partner an intervention (O), as it may help them attract clients/customers (M). [75]

CMOC 118: If training and guidance is available from a public or third sector authority (C), this may help gain further support (O), as it will help an intervention develop its skills and expertise in marketing, networking and outreach (M). [46]

CMOC 119: If an intervention is based in a civic centre or public venue (C), then it is more likely to get support from other local organisations (O), because it will be visible to others sharing that space (M). [59,79]

CMOC 120: If an intervention focuses on building links with local organisations and services (C), it is more likely to get support (O), as it is easier to bring together a network of those who are already invested in the same community and some links will already exist (M). [41,42,62]

CMOC 121: If an intervention is run at a public venue or local club (C), then links with others in the community are easier to forge (O), as there will be an existing network of venue/club users and contacts that the intervention can access (M). [41,48,58,62]

CMOC 122: If a group or activity is small scale (C), then it can be hard to get support (O), as it is more difficult for them to network with larger organisations, authorities, movers and shakers (M). [77]

CMOC 123: If struggling groups in the same area merge (C), they can support each other (O), because they can pool resources, personnel, knowledge and ideas (M). [67]

CMOC 124: If links are forged with a national network of similar interventions (C) then they can support each other (O), because they can pool resources, knowledge, contacts and strategy (M). [42]

CMOC 125: If a locality has other organisations working with the same target population (C), then in intervention may struggle to get support (O), as those other organisations and their supporters may perceive the intervention as competition (M). [41,79]

CMOC 126: If an intervention has a clear place in the local offer without service/role overlap (C), then it is more likely to get the support of others (O), because they will see it as complimenting their service not competing with it (M). [42,51]

CMOC 127: If other organisations are informed, invited to meetings and asked for help and advice early on (C), then an intervention is more likely to get the support (O), because they will feel respected and invested in the success of the new intervention (M). [51,61,79,84]

CMOC 128: If groups involve professionals already working with individual members (e.g. case workers, carers) in activities (C) then they are more likely to increase support from professional services (O), because professionals will understand the value of the intervention to their service-users and feel invested in its success (M). [79]

CMOC 129: If an intervention acts as a hub for/gate/link to other services and is tuned to dovetail with them (C), then it is more likely to get the support of those services (O), because they will see the intervention as being of help to them (M). [42,60,61,72,86,88]

CMOC 130: If an intervention offers a benefit or resource to the wider community (C), then it is more likely to get the support of other community organisations (O), as they will see it as benefiting their members/service users (M). [41,46,67,70]

CMOC 131: If an intervention offers to do reciprocal work, sharing knowledge and resources with other organisations (C), then it is more likely to get their support (O), as they will see the benefit to working together (M). [41,46,67,70]

CMOC 132: If there is a disjoin between national policy and local need (C), then initiatives can struggle to get and keep support (O), because by adhering to one they will neglect the other, alienating would-be supporters (M). [51]

CMOC 133: If there were ring-fenced funding to support dementia-targeted community initiatives as part of national policy (C), then small, local initiatives would get support (O), as there would be incentives for health services and LAs to help them (M). [39,59,69]

CMOC 134: If health and social care authorities commissioned services to work with community initiatives (C), then small, local initiatives would get support (O), because it would ensure the collaboration of services and organisations at different levels (M). [47,50,77]

CMOC 135: If health pathways were developed around existing social networks (C), then small, local initiatives would get support (O), as it would encourage more community collaboration and co-production with health services (M). [47]

CMOC 136: When national and official organisations take the lead in working with small, local initiatives (C), this helps more consistent provision of local services across regions (O), because there is more joined-up strategic direction of what is on offer and available (M). [39,50]

CMOC 137: When national and official organisations show support for the involvement of private sector partners (C), then small, local initiatives are more likely to get support (O), as it provides private sector organisations with the incentive, tools and guidance to work in partnership (M). [39]

Keeping Support of Other Organisations

CMOC 138: If communication is not maintained (C), then support of others can drop away (O), as interest and enthusiasm may dwindle in tandem with an intervention's contact and visibility to its collaborators (M). [41,55]

CMOC 139: If information sharing and knowledge transfer is not maintained (C), then support of others can drop away (O), as communication and administration problems may arise between collaborating parties (M). [44,45,77]

CMOC 140: If there is a designated person with responsibility for regular and consistent communication with other organisations (C), then continued support is more likely (O), as they will have the time to pay attention to maintaining collaborative working, and build experience and relationships with key people in doing so (M). [41,50]

CMOC 141: If relationships with key people in other organisations are maintained (C), then support of those organisations is more likely to continue (O), as an intervention will create "champions" within those organisations (M). [39,51]

CMOC 142: If staff turnover (internal and external) is high (C), then support can be lost (O), because communication and relationships with contacts and "champions" can suffer due to the loss of key personnel (M). [67,79,84]

CMOC 143: If there is a difference in culture between collaborating organisations (C), then effective support can be hindered (O), as personnel from each organisation will not be working with the same focus and goals (M). [41,51,79]

CMOC 144: If groups or sectors have a negative or competitive attitude towards each other (C), then effective support can be hindered (O), as it creates problems sharing data, learning and resources (M). [41,76,77]

CMOC 145: If an intervention makes effort to learn about and embed in the life of a supporting organisations (C), then it is more likely to maintain support (O), as it will understand that host organisation better and share the same goals (M). [70]

CMOC 146: If staff (internal and external) are experienced in working collaboratively (C), then an intervention is more likely to maintain support (O), as staff will be more skilled, flexible and understanding when working with those from another organisation (M). [79]

CMOC 147: If independent advice on communication (internal and external) and collaboration is available (C), then an intervention is more likely to maintain support (O), as leaders, staff and volunteers will become more skilled at networking and working together while overcoming differences in culture (M). [60,79]

CMOC 148: If there are multiple forms of strong inter-professional leadership (C), then collaboration is likely to be more successful (O), because there will be mutual learning with leaders setting an example for others to follow (M). [51,59,79,86]

CMOC 149: If time is taken to plan well early on (C), then support from others is more likely to be maintained (O), as personnel will have thought through the challenges involved in maintaining energy and enthusiasm and put in place actions to tackle them (M). [70]

CMOC 150: If there is a steering group including outside organisations (C), then support is more likely to be maintained (O), as steering will include a focus on shared agenda and complementarity with outside organisations (M). [51]

CMOC 151: If a partnership is not equal and collaborating at all stages, from planning to practice (C), then this could hinder support (O), as one party may feel the other is not contributing what it should while the other feels dictated to, creating friction (M). [44,45]

CMOC 152: If a collaboration protocol with supporting organisations is drafted and discussions logged and reviewed (C), then support is more likely to be maintained (O), because all parties will have the chance air and resolve issues and have clarity over expectations and mutual goals (M). [41,44,45,61,70]

Getting Funding and Income

CMOC 153: If potential funders are not clear on what a service/intervention is and does (C), then they will be less likely to fund it (O), because they do not understand its purpose or value (M). [89]

CMOC 154: If potential funders are made aware of the added value and benefit of an intervention (C), then they will be more likely to fund it (O), because they will recognise it has something uniquely valuable to offer service users (M). [61,70]

CMOC 155: If communication and publicity is regularly disseminated to potential funders (C), then they are more likely to fund in the future (O), as they will be familiar with and alert to the work of an intervention (M). [94]

CMOC 156: If recognised and standardised materials (e.g. Alzheimer's Society materials, PQASSO or Social Return on Investment evaluation) are used to gather and communicate evidence of worth (C) then funders are more likely to fund (O) as they will see that evidence as more legitimate than anecdotal accounts (M). [80]

CMOC 157: If potential funders are made aware of links with and support from other organisations (C), then they're more likely to fund (O) because they are likely to view the support of others as adding legitimacy to a community initiative (M). [70]

CMOC 158: If corporate organisations are made aware of how an intervention aligns with its aims (C), then they will be more likely to sponsor or donate (O), as they will feel supporting that intervention helps progress their goals (M). [94]

CMOC 159: If an intervention develops its skill in networking and communicating with other organisations (C), then it is more likely to find funding (O), as it will learn of funding opportunities through a wider network of support and contacts (M). [46]

CMOC 160: If awareness of the wants and needs of people with dementia is raised in society in general (C), then funders are more likely to support a dementia-targeted initiative (O), as they are more likely to recognise that it meets the needs of service-users (M). [39,46]

CMOC 161: If there is demand for an intervention from service users and referrers (C), then funders are more likely to fund (O), as they will recognise that it is meeting people's needs (M). [46]

CMOC 162: If potential members/service users are not clear on what a service/intervention is and does (C), then they will be less likely to try it (O), because they do not understand it's purpose or value to them (M). [41,51,56,89]

CMOC 163: If potential referrers are not clear on what a service/intervention is and does (C), then they will not refer people to it (O), because they do not understand its purpose or value to their service users (M). [41,51,61,75,79]

CMOC 164: If an intervention is perceived as more expensive than alternatives on offer without offering significant added value (C), funders will be less likely to fund (O), as they will not see it as value for money (M). [79,80,87,95]

CMOC 165: If an initiative is perceived as having financial difficulties (C), potential funders are less likely to fund (O), as they will see it as a high risk funding decision (M). [56,61]

CMOC 166: If an initiative has co-operative working arrangements with other community organisations (C), then this can help keep costs low (O), as they can agree to share resources (venue, personnel, equipment, training etc.) (M). [70,75,76,78,80,93]

CMOC 167: If an initiative can generate some income through offering services to others(C), then funders are more likely to have confidence in it (O), as they will perceive it be to more viable (M). [94]

CMOC 168: If funders are made aware of the support from other organisations for a new initiative (C), they are more likely to fund (O), as they will perceive the initiative as being more viable due to that support (M). [70]

CMOC 169: If initiative can act as a gate/link for other services and community organisations (C), then it is more likely to get funding (O), as it will be seen as of value to enhancing existing services and organisations (M). [60,61]

CMOC 170: If intervention personnel have good, up-to-date knowledge of funding processes and policy (C), they are more likely to get funding (O), because they will understand how to plan and implement an effective strategy to seek and find it (M). [55,61,86]

CMOC 171: If like-minded groups share successful ideas (C), they are more likely to find funding solutions (O), because they will be able to learn from each other about what works or doesn't work (M). [80,91]

CMOC 172: If interventions include more practical detail on resources, costs and funding as part of standard reporting/evaluation (C), then others in the future will be more likely to find funding solutions (O), as they can learn from the experience of others about what works or doesn't work (M). [37]

CMOC 173: If authoritative help is available to develop personnel's expertise regarding business planning and networking (C), then an intervention is more likely to find funding solutions (O), because personnel will be better at developing and implementing a strategy to do so (M). [46]

CMOC 174: Ifan intervention has a realistic strategy to attract donations and grants (C), then it is more likely to find funding solutions (O), as personnel will have thought through the challenges involved and put in place actions to tackle them (M). [94]

CMOC 175: If an intervention has a business case ready (C), then it is more likely to secure funding (O), as it will be able to respond quickly when a window of opportunity opens with a potential funder (M). [60]

CMOC 176: When an initiative is in a more rural area (C), it is likely to be small scale with fewer members/service users (O), because the population is geographically diffuse without the infrastructure to gather together easily (M). [84]

CMOC 177: If an initiative is small-scale (C), it will not be able to robustly demonstrate demand, effectiveness and H&SC savings (O), because it's number or members/service users will not be enough to capture robust evidential statistics (M). [84]

CMOC 178: If funders demand robust statistical evidence before funding (C), then small and rural groups and activities will be disadvantaged (O), because they will not have the numbers and resources to produce this (M). [50,84,91]

CMOC 179: If an initiative is small-scale (C), it will be disadvantaged in securing funding (O), as it will have fewer personnel with more limited time and resources to continually apply (M). [84]

CMOC 180: If an intervention is aligned with national agenda (C), then it is more likely to get funding (O), because the policy and infrastructure will be in place to support it (M). [42,55,59,84]

CMOC 181: If national policy is not consistent with local need (C), then local groups serving those needs will struggle to attract funding (O), as funders will not see their cause as a priority (M). [41,51,84]

CMOC182: If the national (and by extension funders') agenda focuses on medical needs and costs over social and emotional needs (C), then community-focussed groups and activities will struggle to get funding (O), as funders will not understand their benefits or see their cause as a priority (M). [77,80,86,91,95]

CMOC 183: If intervention providers, service users and families speak out about their needs (C), providers may be more likely to get funding for local community-focussed services (O), as authorities will feel pressure to change the national agenda to meet people's needs (M). [96]

CMOC 184: If resources are not allotted and ring-fenced to match changes in national or local policy (C), there will be no benefit to community interventions (O), as funders will not have the resources to invest in making a difference in practice (M). [39,50,76,87]

Keeping Funding and Income

CMOC 185: If communication and publicity is regularly disseminated to funders (C), then they are more likely to fund again in the future (O), as they will be kept informed and alert to the continuing work and benefits of an intervention (M). [94]

CMOC 186: If publicity and networking is pared back to cut costs (C), this could negatively impact changes of finding continued funding (O), as an intervention will drop off funders' "radar" and risk being forgotten or overlooked (M). [94]

CMOC 187: If funders are made aware of a growth in demand for an intervention from service users and referrers (C), then they are more likely to continue to fund (O), as they will recognise that it is meeting people's needs (M). [46,55]

CMOC 188: If funders are made aware of accruing evidence of the added value and benefit of an intervention (C), then they will be more likely to fund it (O), because they will recognise it has something uniquely valuable to offer service users (M). [61,70]

CMOC 189: If groups and organisations do not communicate and work together (C), then existing funds will not go as far (O), as available financial resources will be split and lost on inefficiencies and duplication of services (M). [76]

CMOC 190: If an initiative has co-operative working arrangements with other community organisations (C), then this can help keep costs low (O), as they can agree to share resources (venue, personnel, equipment, training etc.) (M). [70,75,76,78,80,93]

CMOC 191: If an initiative has multiple and diverse income streams (C), then it is more likely to maintain a proportion funding (O), because if one stream stops, others will still be available. [70,80,84]

CMOC 192: If an initiative's budget is broken down into identified parts (C), then it is more likely to be able to weather changes in funding (O), as what can be used to pay for what is more flexible, and core activity can be prioritised (M). [70,84,94]

CMOC 193: If financial planning is done with a focus on the long-term (C), then an initiative is more likely to weather changes in funding (O), as it will be able to spread existing funds more effectively by allotting spending carefully (M). [44,45,70]

CMOC194: If an intervention has a realistic strategy to continually attract donations and grants (C), then it is more likely to find funding solutions (O), as personnel will have thought through the challenges involved and put in place actions to tackle them (M). [94]

CMOC 195: If there is no long-term funding available (C), this will place significant demands on the time and resources of personnel (O), because they will need to continually seek and apply for fresh funding (M). [84]

CMOC 196: If an initiative is small-scale (C), it will be disadvantaged in continuing to secure funding (O), as it will have fewer personnel with more limited time and resources to continually seek and apply (M). [84]

CMOC 197: If an initiative continually and systematically seeks new income streams (C), then it is more likely to maintain a proportion funding (O), because if one stream stops, it will be more likely to have multiple other streams available (M). [70,80,84]

CMOC 198: If funders objectives are always short-term and keep changing (C), then deep learning on what works for services users and communities will be lost (O), as "quick win" projects will be encouraged over support for existing and experienced initiatives (M). [51,79]

CMOC 199: If funders only support short-term or new projects (C), then initiatives will struggle to become established long-term (O), as they will be unable to plan ahead with confidence or have time to learn how activity can be supported sustainably (M). [77,86,87]

CMOC 200: If resources are not allotted and ring-fenced to match changes in national or local policy (C), there will be no benefit to community interventions (O), as funders will not have the resources to invest in making a difference in practice (M). [39,50,76,87]

CMOC 201: If intervention providers, service users and families speak out about their needs (C), providers may be more likely to get funding for local community-focussed services (O), as authorities will feel pressure to change the national agenda to meet people's needs (M). [96]