

## DESCRIPTION OF THE PRACTICE

### 1. Title of the practice

- 'DAY CARE CENTRE FOR OLDER PEOPLE WITH DEMENTIA' -

### 2. Organisation responsible for the practice

Riga Social Service Office, Latvia

### 3. Contact person(s)

E-mail

[policy@esn-eu.org](mailto:policy@esn-eu.org)

### 4. Summary of the practice

A daycare centre with 20 places was established in 2003 following cooperation with the City of Stockholm. The aim of the daycare centre was to create an alternative for long-term care in residential institutions and to develop and implement activities that allow older people with dementia to remain as independent and active as possible and continue to live in a place they are accustomed to.

The development of this initiative involved cooperation between the City of Riga and the City of Stockholm with mutual learning and an exchange of experiences that resulted in the development of a daycare centre. The organisations involved were the Riga City Welfare Department, the Social Service Office of Riga, Ziemeļu district and Stockholm Maria Gamla district.

### 5. National/regional/local context of the practice

According to the White Book of the Social Assistance Reform and the Law on Social Services and Social Assistance, local authorities are obliged to develop alternatives to care provided in institutional settings. The priority, according to these documents, is given to social services in communities, but if a service user needs additional services, he or she can receive these services in an institutional or residential setting.

### 6. Staff involved

Representatives of Stockholm City's Maria Gamla district and their daycare centre for dementia; Riga City Welfare Department; Social Service Office of Riga's Ziemeļu district, family doctors. The potential staff of the daycare centre came from the existing workforce of the Social Service Office of Riga's Ziemeļu district.

### 7. Target group

Older people who have been diagnosed with dementia by their family doctor.  
The target group does not include people with severe care needs and aggressive tendencies.

### 8. Aims of the practice

- To delay movement to a long-term care institution;
- To ensure service users' safety;
- To maintain service users' physical and mental abilities and help them to maintain an active lifestyle

## 9. Issues for social services

Service Integration/ Cooperation across services	x	Service Planning		Contracting	
--	---	------------------	--	-------------	--

Technology		Skills development (of the workforce)		Quality of services	x
Others: Prevention and rehabilitation; Participation of users	x				

## ANALYSIS OF THE PRACTICE

### 10. Status

Pilot project (ongoing)		Project (ongoing)	x	Implemented practice (restricted areas)	
Pilot project (terminated)		Project (terminated)		Widely spread practice/rolled out	

### 11. Scope of the practice

Describe the setting of the practice, considering the following criteria:

- *Micro-level practice:* a practice that involves individuals at the local level
- *Meso-level practice:* a practice that involves organisations or communities
- *Macro level practice:* a practice that involves large population groups

The micro-level project involves people with dementia in Riga.

### 12. Leadership and management of the practice

Description of the leadership of the practice, considering the following criteria:

- *Collaborative management:* shared between large partnerships, often of central, regional and local representation
- *Organisational management:* by one organisation
- *Professional management:* managed by a single person
- *Shared management:* shared with no defined leadership

Shared management: The idea to develop a daycare centre for older people and learn from the Swedish experience was led by Riga City Welfare Department. After a number of mutual visits and exchange of experiences, it was decided that the premises of the daycare centre would be in the Ziemeļu district. The Social Service Office of Ziemeļu then took over the leadership on staff recruitment, reporting, equipping the daycare centre, etc. Coordination of the project in the initial stage came from the Welfare Department until the official opening of the daycare centre.

### 13. Engaging stakeholders in the practice

*Description of the engagement of stakeholders, considering the following criteria:*

- *Individual practice:* individuals have sought practice change
- *Network approach:* one or more organisations develop a network
- *Collaborative approach:* large collaboration with relevant stakeholders

Collaborative approach: Representatives from the Welfare Department and Social Service Office of Ziemeļu district visited Stockholm to learn from their Swedish colleagues about how they set up the daycare centre for people with dementia.

The Welfare Department introduced the Riga City Council Social Affairs Committee deputies to the idea of developing a daycare centre and presented a budget plan.

The Social Service Office of Ziemeļu developed a service description and recruited staff. The daycare centre was created as a unit of the Social Service Office of Ziemeļu district.

Swedish social workers and nurses visited the daycare centre staff, trained them and advised on the set up of the premises. Family doctors informed clients who fulfilled the eligibility criteria of the target group.

Access to services: Service users were identified in cooperation with family doctors. Social workers contacted potential clients and/or their carers and suggested they got in touch with day care centre workers.

### 14. Involvement of service users and their families

*Description of the involvement of service users, considering the following criteria:*

- *Team involvement:* service users and carers were part of the practice team
- *Consultative:* a consultative body of users was set up for an on-going dialogue and feedback •  
*Involvement in care:* person-centred approaches to care/support

Involvement in care: When the first clients were selected, their relatives were invited to a meeting with the family doctors and Swedish colleagues who had been consulted on how to organise the discussion with relatives. Relatives received information about dementia, and about what they could do to support their older relatives in the home and to keep them safe.

Communication with the relatives was the most challenging part of the initiative. It was intended to be a very active part of the project, but most relatives were not interested in participating in the day care centre's relatives group. Spouses of older people with dementia were generally more collaborative but most of the relatives did not have a good relationship with the person they cared for.

### 15. Costs and resources needed for implementation

*Description of how the practice is financed, considering the following criteria:*

- *Within existing resources:* staff time and other resources are provided 'in-house'
- *Staffing costs:* costs for staff investment
- *Joint/Pooled budgets:* two or more agencies pool budgets to fund services • *Funded project:* external investment

- Repair works – approx. EUR 5,000
  - Setting up the daycare centre – approx. EUR 14,000
  - Donations (fridge, TV, coach, and other furniture)
- Total costs in 2014: EUR 52,300

## 16. Evaluation approaches

Description of the evaluation method of the practice, considering the following criteria:

- *Multi-method*: use of both a qualitative and a quantitative approach
- *Single method*: a qualitative or quantitative approach
- *Audit*: looks at data sources such as existing medical records and/or other routinely collected service data.
- *Informal*: refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback
- *No evaluation*
- *An evaluation is planned*

Multi-method evaluation using quantitative measures, informal feedback, observation, and interviews has been used to assess the physical and mental health of the service users as well as their experience and subjective well-being. The results are also important for assessing the service itself and its impact on the well-being and experience of the service users.

- Mini-Mental State Examination (MMSE) – used to assess intellectual abilities. Conducted once a year or after discharge from the hospital.
- Barthel Index – used to assess physical abilities. Conducted once a year.
- Group meetings with relatives to get feedback from relatives about the quality of services and to exchange information about staff through the relatives' observations – approximately

once a month.

- Service users write an evaluation of activities in free form.
- Evaluation of individual cases – once a year. A social worker records changes in a service user's physical and cognitive abilities and describes activities that the client likes to be involved in.
- Drawing of a clock – once a year, every client draws a clock. This picture can be compared with previous ones, allowing for conclusions about changes in the client's mental abilities.
- Observations of the centre's staff.
- Information from relatives about the client's behaviour at home.
- Individual interviews with the older person about what they remember and how they perceive their current situation.
- The family doctor has to confirm the diagnosis of the service user with the centre.
- In case of a suicide attempt or aggressive behaviour, the staff can request a diagnosis by a psychiatrist.

Data analysis is conducted manually and individually without the use of IT.

## 17. Measurable effects of the practice and what it has achieved for...

Service users	Provision of advice; condition is better managed; enables them to undertake physical activities that they would not do on their own; increased communication and interaction with other people; improvements in health and general wellbeing; improvements in sleep pattern at night; improved feeling of belonging; improved life satisfaction.
Formal caregivers	Improvements in the education and training of formal caregivers who work with this client group.
Informal carers	More time for themselves and for work which consequently results in more income; easier to provide care to the older person at home because the older person's physical ability and mood improve; they have people to talk to about their concerns and issues; they receive information from formal caregivers about the condition and beneficial activities.
Organisations	Potentially a reduction and/or delay in institutionalisation; reduced demand for emergency services; fewer incidents where the police need to get involved (e.g., when people with dementia go missing).
Other	n. a.
<b>18. Anticipated or 'aspirational' effects of the practice and what it has achieved for...</b> <i>This category can include outcomes which are not documented, quantified, or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.</i>	
Service users	n. a.
Formal care givers	n. a.
Informal carers	n. a.
Organisations	n. a.
Other	n. a.
<b>19. How the practice has changed the way the service is provided (lessons learned)</b>	

The day care centre is enabling service users to stay in their homes longer and enables their families and relatives to work and have time for themselves during the day, only having to provide care during the night and the weekends.

- Activities in the daycare centre provide both physical and emotional comfort, for instance, a joint celebration of birthdays (there are service users who have not celebrated birthdays for a long time) and communal meals.
- Physical activities improve clients' overall health.
- A greater variety of activities increases clients' involvement in activities, particularly when they are geared towards the interests of the service user.

Music has a positive impact on memory (regression is halted). What didn't work well/next steps:

- The centre now has 20 places and 28 service users but only four members of staff (social workers and care professionals). There is a need for an occupational therapist and a physiotherapist. However, the budget for these positions was cut in the context of the austerity measures imposed during the financial crisis after 2010. The occupational therapist could improve the service users' physical condition and assign beneficial activities accordingly. The physiotherapist could ensure that physical activities are adjusted to individual needs.
- Service users are not happy if something is changed that interferes with their daily routine and activities (there was an attempt to change some exercises, which was rejected). Changes should happen slowly and with preparation.

It is not tolerable if somebody is loud or aggressive as this can make other clients nervous and uncomfortable.

## 20. Sustainability of the practice

*Description of whether the practice is sustainable, considering the following criteria:*

- *Potential for sustainability:* practice was newly started or is ongoing/not yet mainstreamed. How could the practice be sustained (in terms of resources)?
- *Organic sustainability:* service users have been empowered to take the practice forward •  
*Established:* the project has been operational for several years

Potential for sustainability: The demand for places in the daycare centre far exceeded the number of places available, and given the positive feedback from service users, their families and staff, it is clear that the establishment of more daycare centres for this target group would be beneficial.

## 21. Transferability of the practice

*Description of whether the practice has been transferred, considering the following criteria:*

- *Transferred:* transfer to other regions, countries, service user groups, etc.
- *Potential for transferability:* there is interest from the outside; elements of the practice have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed

Transferred: After the development of this daycare centre, two further centres have been established in Riga. However, there is a demand for more.

Riga is not responsible for other cities in Latvia. Every local authority is responsible for establishing social services in its territory. There are no national guidelines.

Riga day care centre for people with dementia can give advice and expertise to other cities. When other centres for people with dementia were in the development stage in Riga, the staff were consulted by staff in the new centres.

