

# **Identifying and conceptualizing good practices**



# **MUISTILUOTSI – MEMORY PILOT**

expert and support centres

network project

2006-2010

Vision:

By 2010 has been created a nation-wide network, which aim is to strengthen volunteer work and cooperation. As a result services of people with memory problems and dementia will be improved and expanded.

# Sharing the good practices produced by the project operation

## **WORK PRACTICES:**

- Small everyday practices
- The project or the background organization will use automatically without any "ceremonies"
- Not necessarily based on evaluation, documentation, feedback or productization
- Serves primarily the project and its background organization, sometimes also the closest partners
- Cannot be moved or transferred to another operational area as such
- Not a larger meaning
- The seamless work of the counselling group as an example
- There are very few studies concentrating on work practices!

## **PRODUCT AND METHOD PRACTICES:**

- A concrete product, service or model that has been piloted and is based on verified information or evidence
- Information gathered from evaluations (both internal and external), follow-up, feedback from the clients and other documentation in the background
- Can be processed to smaller parts or modelled
- Has wider and more general meaning outside the project or the background organization
- As results from a systematic method of working the practices can be transferred or moved to other surroundings after being productized
- Functionality, productization, transportability, shared responsibility in the development work – always need for!

# Still about the practices...

- One should talk about **good work practices** and **promising method practices** – it is very rare that the effects of the products developed within projects can be measured comprehensively after the project has been finished
- A good plan for implantation will guarantee a good practice. Preparations for the implantation should begin already in the beginning of the project.
- A comprehensive, promising project practice is always tied to place and time!

# Criteria for promising practices

- The project has to have processive work practices
- The results of the project and their capability to be put to practice have to be clear
- The processive work practices of the project have crystallized to models or methods there has been concrete need for
- Models and methods (i.e. practices) have to be documented
- The lifespan of these models has not come to its end with the end of the project -> What can be done to assure this?
  - The employees of the project will stay with the background organization
  - The models must be implanted to the practices of the mother organization

# Characteristics destroying practices (Jalava 2007)

- Minor motivation of the partners
- Difficult to change and measure merely qualitative factors like life control or life quality
- Lack of support from the background organization
- Lack of shared responsibility
- Fragmentation of the action
- High turnover of the personnel of the project
- Target group too large for the project
- Too little information of the needs of the surroundings
- Interaction not working between the interest groups
- Lack of future plans and follow-up → products or methods will not be developed after the project
- Lack of evaluation
- Lack of motivation in the target group
- Difficulties in getting to the action: poor connections or wrong timing
- Difficulties in finding information of the action: part of the old people outside any connections

# Describing product and method practices



- Describing is often a matter of hard thinking by several people together
- In describing the practices of the Memory Pilot project it is important to consider TO WHOM, WHY and in WHICH WIDENESS the practices ought to be described
- One can define three different levels for the description:
  - the level of the organization itself
  - the level of the partners
  - the level of the clients
- It is usually worthwhile to start by describing the practice broadly (the level of the organization itself) to be able to come to a simple and concrete description at the end (the level of the clients)

# A memory team in a memory pilot community

(description for the organization itself)



**Background:** According to the Dementia Barometer 2003 – 2005 for Lapland, 68 per cent of its communities lacked a separate memory program and most of them were also short of a memory nurse. 73 per cent of the communities of Lapland did not have any peer, first information or other information activities for people with dementia and their close ones. To handle these shortcomings a memory pilot community and a memory team committee were established, the aim of their action being to advance the progress of the memory work in the pilot community and to develop an effective Lappish model to solve the problems of the memory and dementia work in the communities of Lapland.

**Actors:** Essential actors in the area; leading officials (e.g. directors of the senior work, social work, fundamental security, medical treatment and nursing), communal employees (e.g. memory nurse, representatives from the occupational health care + home care, representative from the technical branch), representatives from the third sector (organizations, private service providers), a representative from the cultural field, a person with dementia, a close relative to a person with dementia and a representative from a memory or dementia association.

**Construction/resources:** The meetings of the memory team require both appropriate premises and from the team members time enough to attend the meetings and to carry on and execute the decisions made. Commitment and interest in the development of the memory work is required from all parties concerned.

**Process:** The memory / dementia association will, together with the memory pilot community, make out a written agreement where it contracts to arrange a course at the advanced level to the memory nurses, members of the memory team and other communal memory workers, to offer an ongoing possibility for consultation to the memory nurses and the memory teams and to arrange basic courses, information days, family courses and brain care lectures for the community. The pilot community contracts to appoint a memory nurse for the community and to guarantee her / him time enough for the memory work + the education needed / offered, to appoint the memory team members and see that the process will go on in spite of possible employee changes and to develop services for the people with dementia and their close ones. In the organizational meeting (convener + agenda: representative from the memory association) the memory team will analyse the needs of the community and make schedules for the action with objectives, time schedules and responsibilities. The memory team will draw a memory program to be part of the strategies of the community (e.g. part of the strategy for the services for old or invalid people) to secure the families with a member with dementia an unbroken possibility to get services with high quality. The program should also include a mention of prophylactic memory work in some form.

The memory team will continue its work as "a stooge" in the community carrying out the scheduled memory work and evaluating the memory pilot community activities.

**Results:** The memory work in the community is going on in close cooperation between all the sectors concerned -> an unbroken path to treatment and rehabilitation.



# A memory team in a memory pilot community

(description for the partners)



1. Name of a good practice	Memory team of a memory pilot community
2. Short description of a good practice	The objective is to advance the memory work the memory pilot communities are doing by developing an effective Lappish model to solve the problems. Three communities(Kemijärvi, Posio, Utsjoki) have succeeded in appointing a person to the office of a memory nurse with a working time matching the needs of the community, creating a memory program, clarifying the care and rehabilitation path of the clients, arranging public lectures, memory schools, first information days for people with dementia and their carers and in Posio also an adaptation course.
3. Partners	Leading officials of the community (e.g. directors of the senior work, social work, fundamental security, medical treatment and nursing), communal employees (e.g. memory nurse, representatives from the occupational health care + home care, representatives from the cultural field and from the technical branch), third sector actors and a representative from a local memory or dementia association.
4. Ensuring the value / function (results)	The memory work has become a communal responsibility, the community working according to the memory team model established. The memory teams will be meeting according to the needs of the community and keep on working as "a stooge" carrying out the scheduled memory work and evaluating the memory pilot community activities. According to an inquiry in February 2010 the representatives of the communities were satisfied with the action and wanted to continue and deepen the cooperation in the future.
5. Ways to implant and implement	The Memory Pilot of Lapland will continue its development work for other communities with the model that has proved to be good - especially in regions with long distances. The memory pilot representatives will act as tutors and the communities themselves will carry the responsibility for the action.

# Family course

## (description for the partners)



1. Name of a good practice	<b>Family course</b>
2. Short description of a good practice	Rehabilitation model for a person with dementia and his / her family. Target group = families in the North Carelian area. The contents of the course will be modified according to the needs of the families. The targets of the course are to activate and to find peers for the families to keep contact with, also after the course. The course is a process, the leaders being part of the group. The courses have been run by a large network of people from different branches.
3. Partners	Kuntohovi (rehabilitation centre), Pääskynpesä (rehabilitation centre), the Central Hospital of North Carelian (psychologist + physician), therapists, travelling services, taxi services and the Employment and Economic Centre (part- financer for one course).
4. Ensuring the value / function (results)	The feedback has been good , the best part of it coming from the firm and lasting contacts the families established during the course. The courses have proved the effectiveness of the model where you stay together day and night. The influence of this rehabilitative course was seen best in the lives of the people with dementia afterwards. The experiences of togetherness have been very positive.
5. Ways to implant and implement	To strengthen the implantation it is important to concentrate on improving the evaluation of the courses. It would also be important to concentrate on getting to people with the early stages of dementia and their family members. A central question: Why is the family course not carried out in the same night and day peer model in other parts of the country? The challenging questions are to put up a large partner network and to find the right kind of a location for the course.

# PAL

## Volunteer Activity

(description for the partners)



1. Name of a good practice	<b>PAL Volunteer Activity(Peer Always Listening)</b>
2. Short description of a good practice	A project (2009 – 2011) going on in Kainuu (North-Eastern part of the country) with a model of volunteer work to support families with dementia in Kainuu and other parts of Northern Finland. Pals are sought for a) people with dementia b) carers c) to the association work d) to clubs and different action groups. The volunteers are getting education for the task, a possibility to meet other volunteers and the leader of the project monthly and support from the association. A written agreement is always made.
3. Partners	RAY (Finland´s Slot Machine Association), the Province Concern of Kainuu, the Parkinson Association, the Epilepsy Association, Karoliinan kammari.
4. Ensuring the value / function (results)	At the end of the year 2009 the project had produced 13 active pals. Many more were needed. The project is, however, promising in the sense that it has produced a structured model to educate volunteers to several different tasks. Essential parts of the project are continuous support to volunteers, peer support and additional education when needed. A TV document was made in 2009 about the functions of the project.
5. Ways to implant and implement	<b>Volunteer action is the basis for all organizational work – and also a stumbling block in it.</b> It would certainly be worthwhile to discuss the questions of cooperation and extra support to the volunteer work between all the actors in the so called third sector (the efforts and difficulties being already documented). When talking about the implantation, it is, however, essential to concentrate on encouraging the existing volunteers and increasing the professional skills. The education model could be transferred to other memory pilot centres to unite the education and procedures.

# Family training

(description for partners)



1. Name of a good practice	<b>Family training</b>
2. Short description of a good practice	The support given to the dementia families is part of the training program of the Savonia University of Applied Sciences and the Savo Consortium for Education. The students are helping in the everyday life of the person with dementia and his / her carer. They work one day per week, five hours per day, training period being one year. The responsibility and guidance are taken care of by the institute they are studying in. The role of the Memory pilot is finding the families and being at hand for consulting, when needed. The families are selected according to the home resorts of the students. The start of the training dates back to the beginning of the millennium the number of the families being twelve at present.
3. Partners	The Savonia University of Applied Sciences and the Savo Consortium for Education. Expansion to the Diakonia University of Applied Sciences (Diak) , Pieksämäki unit, is part of the future plans.
4. Ensuring the value / function (results)	The great value of the action lies in the fact that it is bringing a practical part to the otherwise theoretical studies. It is also possible to work in remote and outlying areas. The students keep a learning diary that enables a structural follow-up. They bring the newest information from the books to the families. The training has been in practice about ten years now and there is still demand for it. The possibility to get information about the dementia work via practice wakes interest for the whole care field.
5. Ways to implant and implement	The implantation practice has been very successful in the Northern parts of Savo and there are plans to widen it to the Pieksämäki area in the future. Could be transferred to other towns with practical nurse education (i.e. almost anywhere). A larger implantation plan to the neighbouring Memory pilots (Savonlinna, Mikkeli, Joensuu) ought to be made, the Savonia University and the Savo Consortium being partners.

# Care chain and Rehabilitation plan Working group (description for the partners)



1. Name of a good practice	<b>Care chain and Rehabilitation plan working group</b>
2. Short description of a good practice	The memory pilot employees formed part of the working group established to develop a service chain whole for a person with dementia in the area of Päijät-Häme. Around 60 similar kinds of working groups concentrating on a sickness form were established in the area. Four service chain wholes were selected to be put to practice one of them being the service chain whole for a person with dementia. The Päijät-Häme Dementia Association has had different development projects going on in the area since 1988. It has created an effective cooperation network. Its work is well known and its expertise esteemed. A close cooperation with others has enabled the Päijät-Häme Association to participate in the specialist working groups of the area among other things.
3. Partners	The Päijät-Häme Social and Health Unit, the Oiva Company, the project for the Dementia Care Development in Päijät-Häme, the Lahti and Heinola cities and the Päijät-Häme Dementia Association had representatives in the service chain for a person with dementia working group.
4. Ensuring the value / function (results)	The Päijät-Häme Dementia Association has been clearly noted as part of the care and service chain. Its task is to direct and advise people with dementia and their close ones and to arrange the early rehabilitation (first information days, adaptation courses and peer activity for people with dementia and their close ones) needed. The Memory pilot project called together a rehabilitation plan working group consisting of members with diverse professions. The Päijät-Häme area lacked a rehabilitation plan for a client with memory problems. According to the service chain a rehabilitation plan for a person with dementia ought to be made about three months after the diagnosis. The memory nurses of the area are presently (autumn 2009 – spring 2010) testing the rehabilitation plan and the final electronic version should be in use during the year 2011.
5. Ways to implant and implement	During the autumn 2010 the Memory pilot project, the Laava support project and the project for the Dementia Care Development in Päijät-Häme will arrange community rounds with specialists on geriatrics and neurology. The target group of the rounds will consist of the physicians and the health care personnel of the area the subject being the recognition of the memory problems of people in the working age, examination and the use of the rehabilitation plan. The task of the Memory pilot is to inform the clients about the services offered by the care and service chain so that they can require them. Brochures giving more information to the clients will also be produced.