

## LONG-TERM ELDERLY CARE: QUALITY ASSURANCE CHALLENGES FOR LOCAL GOVERNMENTS

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### Abstract

The purpose of this article is to address the quality assurance challenges for local governments in long-term elderly care. The research is based on the qualitative approach. Theoretical approach is based on active aging ideas and quality assurance principles. Authors have started analysis on how to adapt the quality principles of European Quality Framework for Long-Term Care Services in the Latvian elderly long-term care institutions. The experts' view on evaluation is one of the methods of how to assess the quality principles in long-term care for elderly. The research results show different approaches to quality assurance principles and evaluation at the level of local and central government and the necessity to move towards a unified understanding. Experts emphasised the necessity to discuss quality principles in long-term care institutions and the division of responsibility for elderly care between the local and central government. The main findings are that none of the experts would like to spend the rest of their life, when they reach an old age, in a long-term institution. Principle ranking was successfully used in semi-structured expert interviews. The results show a great extent of variety in evaluating the quality principles of European Quality Framework for Long-Term Care Services in Latvian elderly long-term care institutions.

**Key words:** long-term care, elderly, active ageing, quality assurance.

### Introduction

The fact that people are living longer in the 21st century is bringing new challenges in the elderly long-term care. Ageing society has become a universal concern. Along with the development of medical technology, the health care delivery system, prolonged life expectancy and low birth rate, the proportion of the elderly population in Latvia has increased since regaining the independence in 1991 (CSB, 2016). Increase of ageing population brings the new challenges in long-term elderly care system in the whole world. The number of elderly in need of long-term social care services can differ in various countries but overall tendencies that are sought after are similar. There is a major share of the older population who are in need of care in all of Europe. Some elderly are receiving care from informal carers like spouses, children or other family members. In non-European countries this source of care is used even more. 'The needs and demands of long-term care services have become urgent and significant' (Riedel & Kraus, 2011).

The number of elderly people in need of long-term care and assistance is increasing. Principles and guidelines for the wellbeing and dignity of elderly in need of care and assistance state that most of the elderly people are living at home and only a minority are cared for in a residential care facility. In many countries, care is mainly provided by informal carers. The 'European strategy for wellbeing and dignity of older people in need of care and assistance', 'European initiatives for long-term care' and 'European Quality Framework for long-term care services' are elaborated by social scientists from different countries in the context of EU Strategy 2020 (WeDO, 2012a; WeDO,

2012b). In order to make these changes in long-term care, a proper research must be done in order to identify what the new needs are and how to improve quality in long-term care services. For this purpose there must be done evidence based research of elderly care. The share of elderly population (65+) in Latvia is 17.1% and even older (80+) is 3.4%. Dependency ratio 65+ is 24.8% and 80+ is 4.9% and parent support ratio 80+ is 19.3% (Riedel & Kraus, 2011). Currently there is no separate system for providing long-term care (LTC) in Latvia. LTC is divided between the health and welfare systems (Ilves & Plakane, 2011). A rather high percentage of elderly people in Latvia places an increasing burden on its ability to provide health and social care services (The World Bank, 2015a). In Latvia, about 137 000 elderly people out of half a million are in need of social care. Only 10 000 receive long-term care in institutions and approximately another 10 000 receive care at home (Bērziņš, 2015). According to the World Bank report, about 60 000 people aged 50-64 have a disability and only 1/10 of them receive care in an institution in Latvia (The World Bank, 2015a). The mentioned figures show topicality of elderly long-term care issues and necessity to find the most appropriate solutions for elderly, carers and representatives of local governments.

This study focusses on the quality framework for long-term care services in Latvia. The aim of the study is to disclose quality assurance challenges of long-term elderly care in Latvia. Latvia and the other two Baltic states are not participating in WeDO projects. That could be one of the reasons why quality standards are so different in LTC among the Baltic States and countries in WeDO project. Elderly people in Latvia also deserve a decent attitude towards them

and they have all rights to receive an appropriate long-term care that could meet their needs. The study is built on three main research questions: 1) What is the most important service quality principle in long-term elderly care in Latvia? 2) How to adapt quality principles of European Quality Framework for Long-Term Care Services for Latvian elderly long-term care institutions? 3) What are the biggest challenges for the local government for the elderly long-term residential care? Research tasks are: 1) to characterize EU quality framework for elderly LTC; 2) to develop conceptual framework that justifies the study; 3) analyse quality assurance challenges for local governments such as the financial support and lack of meeting basic needs in long-term care in Latvia.

The practical challenge of this study is to adapt principles of long-term care service quality in EU for Latvia. The quality principles for development of LTC are based on 'EU Quality framework for long-term care services' emphasizing provision of Wellbeing and Dignity of Older people (WeDO, 2012a).

The article begins with a description of elderly LTC issues and topicality in Latvia, and the formulation of programmatic elements. The main theoretical concepts are defined in continuation, the methodological approach described and finally main results characterized and discussed as the basis for conclusions.

### Conceptual framework

Care is a diverse and evolving concept. It is taken as a natural part of life yet it is shaped by social and economic situation where and to whom it is provided and funded (Phillips, 2007). Long-term care is 'a system of providing social, personal, and health care services over a sustained period to people who in some way suffer from functional impairment, including a limited ability to perform activities of daily living. The elderly, adults with disabilities, people with mentally and prolonged chronic illnesses are the biggest majority in need for LTC services (Barker, 2003). The LTC provision is impacted by economic, social and cultural resources and traditions. The key aspects of care are cultural and spatial boundaries of care, as well as the ethics of care (Phillips, 2007). The provision of residential elderly LTC could be accepted as social necessity, but not as desirable solution for individual.

The fragmentation of LTC providers (private/public; local/centralised) could have trouble with providing the policy of active ageing. Active ageing 'providing more flexible work arrangements, including increased part-time work, both for workers transitioning to retirement and parents of young children, will be important, enabling longer working lives for an ageing workforce. Elderly employees

are also more likely to remain in the labour force when early retirement options are limited. Moreover, creating affordable childcare and eldercare options can help women stay in work' (The World Bank, 2015a). Active and healthy ageing is crucial not only for active elderly people living independently but also for elderly in LTC institutions.

Quality is 'degree or standard of excellence. Quality improvement in long-term care should be a continuous process by which a service or an activity aims at delivering better results through various means. These include a wide range of quality management tools and other mechanisms such as training for carers, both informal and formal; support for users' fundamental rights; the promotion of an age-friendly and supportive environment including access to services; the definition of quality standards; the assessment of results and outcomes by specific quality indicators' (WeDO, 2012a).

The evaluation of quality demand assessment criteria. The quality principles of European quality framework for long-term care services could be used as such criteria.

The EU Strategy for the wellbeing and dignity of older people in need of care and assistance highlights 11 quality principles for elderly long-term care services. A quality service should be: respectful of human rights and dignity, person-centred, preventive and rehabilitative, available, accessible, affordable, comprehensive, continuous, outcome-oriented and evidence-based, transparent, gender and culture sensitive (WeDO, 2012a). The quality principle respectful of human rights and dignity means that in order to provide a good service, the fundamental rights and freedom of older people, as well as their families and carers, must be respected, too. Person-centred principle means that there are addressed in convenient to client manner the changing needs of each individual.

The main goal is to improve their quality of life and ensure equal opportunities for the elderly. Preventive and rehabilitative principle looks for ways to prevent deterioration, and focuses on restoring the older person's health, wellbeing and ability to live independently as much as possible. A principle that service must be available means that there are broad varieties of care and assistance services to choose for elderly who are in need. Service must be available at the location that is convenient to the elderly person. Accessible means that service must be easy to access to those who are in need. Comprehensive information and advice about the range of available services and providers should be easily accessible not only to the elderly but also to their family members and carers. Affordable service means either service is free of charge or the price for it is so adequate that the elderly

do not have to jeopardise their quality of life, for example, saving on groceries, clothing etc., dignity and independence. Comprehensive means satisfying multiple needs, capacities and preferences of the older person. Also, meet the needs of their families and carers. It aims to improve elderly wellbeing. Continuous means that service is organised so that it ensures clients with continuity of service delivery for as long as it is necessary for them. Outcome-oriented and evidence-based principle focuses primarily on the benefits for the elderly. It is oriented towards improvements in an elderly's health, wellbeing and independence. Transparency principle provides clear and comprehensive information and advice to users and potential users about the services they offer. It includes the cost of services and information about how to access or cancel them. Gender and culture sensitive principle pays attention to gender and culture in care: for example, paying attention to the specific needs of women and men or to cultural differences among both staff and clients (WeDOb). Authors were interested in finding out if all these principles could be appropriate for the evaluation of elderly LTC in Latvia local government LTC institutions.

### Materials and Methods

The research is based on the qualitative study with the aim to explore and analyse quality assurance challenges of long-term elderly care in Latvia. The research method of this study is document analysis

and a semi-structured interview (Gochros, 2005). The study includes analysis of EU and Latvian documents on social care.

Additional data was collected through semi-structured interviews which were done in February, 2016. Ten experts were selected for interviews where one out of them was social rehabilitator (SR), five were social workers (SW) and four - the leaders of local governments (LLG) in Latvia (see Table 1.). The social rehabilitator and five social workers were chosen from different elderly long-term care institutions. The interview results were compiled in March.

Considering the fact that quality assurance issue in long-term care institutions is very sensitive, all experts wanted to remain anonymous. While working in the institutional setting, they are afraid to disclose their opinion openly in order to avoid unnecessary contradictions. They also wanted that the names of those institutions where experts are currently working are not mentioned in the research. Leaders of local governments also participated in the research under certain conditions. They also wanted to remain anonymous due to some personal questions in the interview.

For an introduction for the semi-structured interview the experts were asked to rank eleven quality principles of European Quality Framework for Long-Term Care Services in Latvian elderly long-term care.

In order to find out what the most and the least important quality principles in elderly long-term

Table 1

**Evaluation of research participants or experts**

| Expert | Gender | Current job position          | Education  | Work experience   |
|--------|--------|-------------------------------|--|---|
| 1.     | Female | Social worker                 | Master in Accounting<br>Bachelor in Social Sciences            | Works for two years   |
| 2.     | Male   | Social rehabilitator          | First level professional degree<br>in Social Work              | Works for two years. Used to work for<br>four years as volunteer in social care<br>services |
| 3.     | Male   | Social worker                 | Bachelor in Social Pedagogy                                    | Works for 17 years  |
| 4.     | Male   | Leader of local<br>government | Master in Law<br>Master in Economics                           | 21 year leader of local government  |
| 5.     | Female | Social worker                 | Master in Social Pedagogy                                      | Works for 14 years  |
| 6.     | Female | Social worker                 | Master of Pedagogy<br>Bachelor of Philology                    | Works for five years as an interest<br>group manager  |
| 7.     | Female | Social worker                 | Master in Law  | Works for three years   |
| 8.     | Female | Leader of local<br>government | Bachelor in Economy<br>Master in Human Resources<br>Management | 16 years leader of local government   |
| 9.     | Male   | Leader of local<br>government | Bachelor in Architecture                                       | 15 years leader of local government   |
| 10.    | Male   | Leader of local<br>government | Master in Pedagogy<br>Master in Sociology                      | 14 years leader of local government   |

Table 2

**Ranking table of quality principles for elderly long-term care services  
of Latvian local governments**

| Quality principle                      | 1.<br>SW* | 2.<br>SR* | 3.<br>SW | 4.<br>LLG* | 5.<br>SW | 6.<br>SW | 7.<br>SW | 8.<br>LLG | 9.<br>LLG | 10.<br>LLG | Total |
|--|-----------|-----------|----------|------------|----------|----------|----------|-----------|-----------|------------|-------|
| Respectful of human rights and dignity | 2         | 2         | 5        | 10         | 2        | 2        | 2        | 4         | 3         | 3          | 35    |
| Person-centred                         | 1         | 4         | 2        | 6          | 1        | 1        | 3        | 1         | 6         | 4          | 29    |
| Accessible                             | 5         | 9         | 6        | 5          | 9        | 10       | 8        | 6         | 7         | 5          | 65    |
| Available                              | 10        | 6         | 4        | 3          | 5        | 9        | 7        | 2         | 4         | 1          | 51    |
| Preventable and rehabilitative         | 7         | 7         | 10       | 9          | 6        | 7        | 4        | 5         | 2         | 7          | 64    |
| Affordable                             | 9         | 3         | 1        | 1          | 10       | 11       | 9        | 3         | 5         | 2          | 54    |
| Comprehensive                          | 6         | 1         | 3        | 4          | 8        | 5        | 6        | 7         | 8         | 6          | 54    |
| Continuous                             | 11        | 10        | 8        | 8          | 7        | 4        | 11       | 11        | 10        | 11         | 91    |
| Outcome orientated and evidence based  | 8         | 5         | 11       | 7          | 4        | 3        | 5        | 9         | 1         | 10         | 63    |
| Transparent                            | 4         | 8         | 9        | 2          | 11       | 8        | 10       | 8         | 11        | 9          | 80    |
| Gender and culture sensitive           | 3         | 11        | 7        | 11         | 3        | 6        | 3        | 10        | 9         | 8          | 71    |

\*SW – social worker, SR – social rehabilitator, LLG – leader of local government.

care services in Latvian case are, one of the ranking methods was used (Smolakova & Sestakovs, 2008). It was the expert evaluating method. This method within itself includes subjective elements and depends on a procedure how the expertise is done. In order to gather variety of expert opinions, 11 cards were used. On each of the cards was written one of the quality principle borrowed from WeDO project. Experts had to rank principles in a hierarchical order according to their answer to one of the research questions - ‘what are the most important service quality principles in long-term elderly care in Latvia?’ The most important principle they had to put as the first, and the least important as the last one in a row. Each quality principle was given a score by the experts. The quality principle that was the most important for the expert was given the lowest score. The highest score received the least important quality principle.

The research is based on qualitative approach by formalizing the experts’ evaluation of each quality assurance principle. Research results do not have a statistical significance but one rather has to pay attention to the validity of them. Validity of the research results was supported by each expert’s interpretation of quality assurance principles. For example, this method is used to make within-group comparison, which foresees ‘conversion of text to at least nominal-level variables’ (Bernard & Ryan, 2010).

Interviews included a control question to all experts: ‘Would you like to spend the rest of your life

in the institution of long-term care when you reached a certain age?’

#### **Criteria selecting experts for the research and overview of them**

In order to select the experts for the research, we had to impose criteria for them to qualify for the semi-structured interviews. There were three kinds of criteria: higher education, work experience and the current job position of a potential expert for the semi-structured interview. The education of an expert must be either a professional education by having at least first level professional degree in social work or a degree in any different scientific or professional field. Criteria for current job position must be a social worker, social rehabilitator or a leader of a local government (see Table 1.).

#### **Results and Discussion**

Further, the results of this study will be analysed and answers to the main research questions will be clarified. In order to reach the aim of this study and disclose quality assurance challenges of long-term elderly care in Latvia, first of all researchers had to gain answers to the main research results. The results of semi-structured interviews show that there are some differences between answers from leaders of local governments and social workers. The first question was ‘what are the most important service quality principles in long-term care?’ The importance

of quality principles in elderly long-term care in Latvia is portrayed in Figure 1. Using expert ranking method, the research results show that out of eleven service quality principles two stand out as the most important ones in elderly long-term care in Latvia (see Figure 1). They are the person-centred and respectful of human rights and dignity quality principles. The principle that long-term care must be person-centred is evaluated as the most important. The principle covers ideas and practice about individual approach, the main focus being on each person's needs. However, not all experts ranked these principles as the most important. For example, only one expert, who is a leader of local government, as the most important principle mentioned the principle of affordability of service. He explained in detail his way of ranking the principles. He argued that with sufficient financing everything else would follow. The other leader of the local government outcome-oriented and evidence-based principle put as a priority in long-term care institution.

The least important principles that got the highest score in ranking scale are transparency, gender and culture – sensitive and continuity principles. Gender and culture-sensitive principle was ranked as the

number three by few social workers, though. Experts did not consider transparent and continuous as top priority principles. However, researchers must note that the given scores by experts for each of quality principles (see Table 2) vary quite a lot. For this reason, one cannot evaluate these scores to be the absolute results for this research. This ranking method was used for feasibility to prepare the ground for further qualitative study.

The second research question was 'is it possible to adopt principles of European Quality Framework for Long-Term Care Services for Latvian elderly long-term care institutions?' Leaders of the local government were more descriptive and showed bigger competency of how these quality principles could be used in quality assurance. They agreed that in their experience they have not done the quality assurance in long-term institutions in their municipalities by listing quality principles. They also agreed that this method could be used in case of Latvian elderly long-term care, but first of all they have to review and clarify the rules that relate to this group of people.

Getting results for the third research question 'what are the biggest challenges for the local government

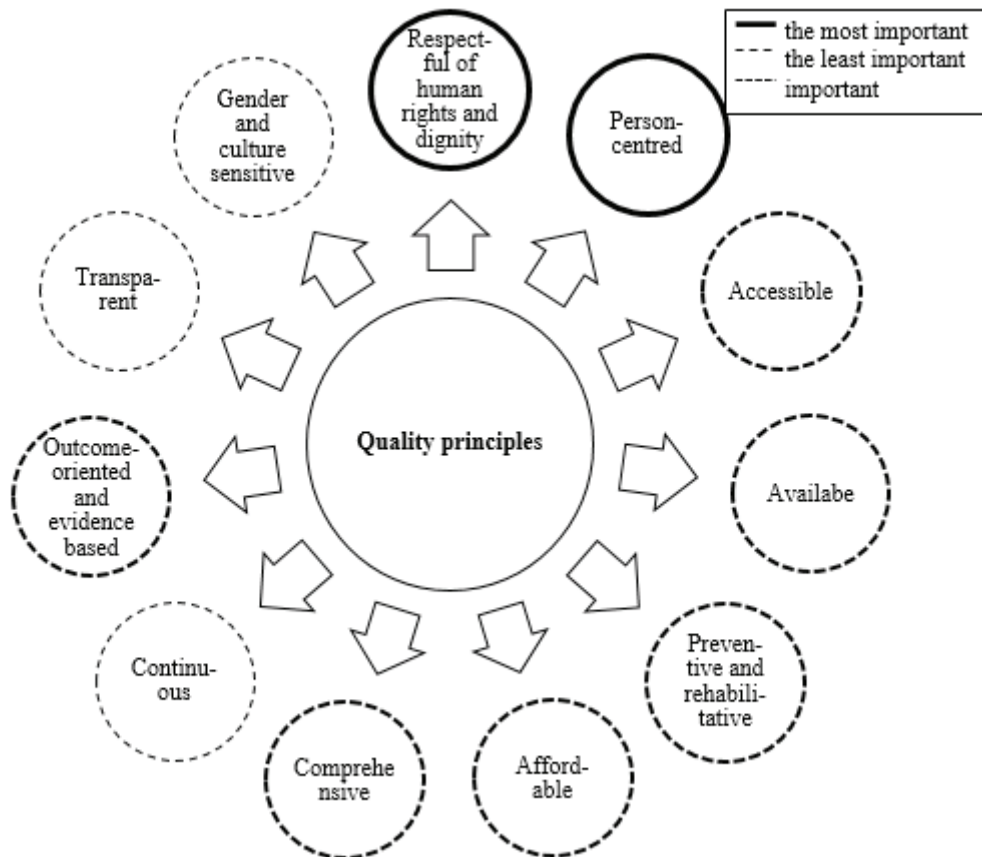


Figure 1. The adoption of the European quality principle framework for long-term care from expert point of view according to the importance of each principle in elderly long-term care in Latvia.



for the elderly long-term residential care?’ local government leaders first of all pointed out financial challenges, but social workers and rehabilitator were putting main focus on lack of meeting elderly basic needs in long-term care institutions. For example, during the interview, the social rehabilitator pointed out that the main challenge in long-term social care institutions is ability to provide elderly with single rooms in long-term institutions. Currently, there is a long waiting list for single rooms and elderly are mainly living in pairs, and it is very inconvenient, because at this age it is very difficult to find roommates of the same age that would be able to share room and not to have conflicts. Another issue that was highlighted was the size of the rooms, which should be bigger giving more space for its residents.

The control question was asked to all experts - whether or not they would like to spend the rest of their life in one of the elderly long-term care institutions. Almost all social workers and rehabilitator answered that they would not want to be residents in one of the long-term care institutions in Latvia when they reach old age. Most of them hope to stay independent as long as possible. They also hope that ‘this day will never come’ to them that they would be in need for long-term care in one of the institutions in Latvia. Their justification is that the current conditions in these institutions are not meeting their basic needs in order to be able ‘to live like a human being when it is nearing to the end of their life course’. One of the experts hopes for her son’s support and in the worst-case scenario hopes that his family will take her to live with them when the time comes. Another expert suggests that those school buildings which are empty after closing down several schools, especially in rural areas, should be turned into social care centres with flats. There elderly would be able to keep up with independent living and each would have an opportunity of having an apartment. In this kind of set up she would agree to live when she reached an old age. In return to that she would agree to give up her previous housing to have an opportunity to live in this centre. Local government male leaders all answered that they would not mind to spend their old age in the long-term care institution. One of them explained

that he has a decent pension fund, which would allow him to afford private long-term care. Another reason mentioned by the expert was a need to socialize and they would not want to stay alone at home in their old age. Long-term institution to their opinion is giving them a chance to be socially active. Perhaps the financial situation and status of each expert influenced their answer to this question.

Some possible questions that could encourage further discussion in the process of the study might occur. For example, how the social work association could be assisted in order to strengthen and support social welfare workforce; how to encourage and support the development of domestic standards and code of ethics; where social service delivery involves non-professionals (providing with a social work professional as a mentor).

### Conclusions

The following conclusions can be drawn based on quality assurance challenges for local governments and the results of the conducted research adapting quality principles of European Quality Framework for Long-Term Care Services in Latvian elderly long-term care institutions.

1. Elderly LTC is a topical issue in Latvia due to the social and demographic situation. The LTC faces similar challenges in EU and Latvia.
2. The variety in evaluation of LTC quality principles among social workers, social work specialists and leaders of local government shows necessity for a more detailed analysis and lack of clear vision about the main quality principles.
3. In conclusion, researchers must mention some suggestions on how to improve the quality of social care in Latvia. Firstly, we must support networking and sharing of experiences among social welfare workforce professionals in regions. Secondly, to ensure that the social care workforce teams are visible and audible in the areas they operate.

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