ANCIEN

Assessing Needs of Care in European Nations

European Network of Economic Policy Research Institutes

QUALITY ASSURANCE POLICIES AND INDICATORS FOR LONG-TERM CARE IN THE EUROPEAN UNION

COUNTRY REPORT: LATVIA

BAIBA PLAKANE

ENEPRI RESEARCH REPORT NO. 108

WORK PACKAGE 5

MARCH 2012

Abstract

This paper describes the quality assurance system for long-term care services in Latvia. Policy planning for long-term care is undertaken by the Ministry of Welfare and the municipalities. Monitoring takes place at three levels: by the ministry, the municipalities and social service providers themselves. The legislation sets out requirements for social service providers and the evaluation of quality standards against a few criteria. The degree to which institutions attain the quality standards is assessed in three-level rating system (on the satisfaction of requirements), but the qualitative results are not publicly available.

During 2011, a new system was developed and introduced for social service providers to evaluate the quality of their services themselves. This new self-evaluation system is based on the Common Assessment Framework of the European Institute of Public Administration, and provides comparable quality indicators across social service providers. At present, self-evaluation is voluntary, but in light of its superiority compared with the existing system for monitoring quality, self-evaluation is expected to replace it.

Contents

Quality Assurance Policies and Indicators for Long-Term Care in the European Union
Country Report: Latvia
ENEPRI Research Report No. 108/March 2012
Baiba Plakane[*]

1. Quality assurance policies for long-term care

1.1 Organisation of quality assurance in long-term care

1.1.1 Responsibilities for developing policies and standards

The main instrument governing the responsibilities of institutions in the social care system in Latvia is the Law on Social Services and Social Assistance. Based on the law, long-term care (LTC) policies and standards in Latvia are developed at two levels. First, they are the responsibility of the Ministry of Welfare, Latvia's main governing institution for social services and care. The ministry is in charge of developing the state's policies on social services and social care, and for organising and coordinating the implementation of the policies (Law on Social Services and Social Assistance, para. 14).

At the second level, the Law on Social Services and Social Assistance assigns each municipality the responsibility to outline social service conceptions, special purpose programmes and proposals for the introduction of new services. Municipalities are also obliged to prepare municipal development plans. For this task, municipalities must undertake research on the social environment and identify existing problems (Law on Social Services and Social Assistance, para. 10).

Another organisation playing a small role in the determination of social care policies is the council of social work specialists. The council is a consultative institution established in 2006 and operates under the Ministry of Welfare. It promotes the advancement of professional social work and the education of social workers, and facilitates society's involvement in the development of social work policy. More specifically, it promotes collaboration between the state, municipal and non-governmental organisations (NGOs) in setting and implementing social work policies, defining problems and preparing proposals for policy planning, as well as conducting research on social work.

In turn, the Ministry of Health develops the state's policy on health care and coordinates its implementation. Health policy in Latvia only affects the medical aspects of LTC, thus it is relevant to formal home-based nursing care (regarded as medical care in Latvia) and health care services in LTC institutions.

1.1.2 Main legal framework governing quality control in LTC institutions in Latvia

Quality assurance in LTC institutions and formal home-based care is primarily governed by Cabinet of Ministers Regulation No. 291 on "Requirements for social service providers".

---

[*] Baiba Plakane is an independent, Latvian project manager, and temporarily contracted staff of the PRAXIS Center for Policy Studies, Tallinn.

Supplementary to this regulation are the Cabinet's approved criteria for assessing quality in long-term social care institutions for people with mental illnesses. There are no separate approved criteria for other LTC institutions. Therefore, these criteria are used as a basis by the Ministry of Welfare and municipalities for monitoring quality at other LTC institutions. There are no publicly available criteria for evaluating home-based care; as one municipal representative explained, the compliance of social service providers with the requirements is simply monitored. Regulation No. 951 of the Cabinet of Ministers on the "Procedures for determining whether social service providers are registered in the social service providers' register or excluded from it" describes the requirements and process for registering social service providers, supervised by the Ministry of Welfare. Hygienic requirements are governed by the Cabinet of Ministers Regulation No. 431 on "Hygiene requirements for social care institutions".

Health care aspects in LTC institutions and formal, home-based nursing care are regulated by the Law on Health Care, the Law on Patient's Rights, Cabinet of Ministers Regulations No. 60 ("Mandatory requirements for health care institutions and their branches"), No. 574 ("Hygienic and anti-epidemic requirements for health care institutions") and No. 1046 ("Mechanism for organising and financing health care").

1.1.3 Responsibilities for monitoring results

In contrast to the above-mentioned two levels of policy planning, the monitoring of LTC institutions and formal home-based care is done at three levels. These are the Ministry of Welfare, each municipality and each social service provider of LTC.

At the highest level, the Ministry of Welfare is responsible for overseeing the quality of social care services and the conformity of social care providers with the legislative requirements (Law on Social Services and Social Assistance, para. 14). Thus, the Ministry of Welfare is responsible for monitoring all LTC providers in Latvia: state-owned, municipality-owned and private. Before July 2009, monitoring was done by a separate organisation – the Social Services Board, which had seven employees assessing quality. Since the Social Services Board was wound up, the Ministry of Welfare has employed only two persons for this purpose. Hence, the monitoring of quality now happens much less often. According to a ministry representative, the monitoring mostly concerns checking institutions following complaints about them; however, an independent list of institutions to be monitored each year is also prepared. Monitoring takes place either through a request to send the necessary documents through e-mail or an onsite visit. Throughout the first three quarters of 2010, among the over 600 social service providers (106 of whom are LTC organisations), there were 8 onsite visits. In sum, the state's participation in monitoring has decreased significantly due to the winding up of the Social Services Board and the decrease in public finance during the global economic crisis.

The Ministry of Welfare is also responsible for registering all social service providers. It is important to note that the social service system in Latvia does not involve the accreditation or authorisation of services; it only has the first step towards it – mandatory registration.

At the second level, each municipality is obliged to have a social office overseeing the specific municipality's social services. One of the tasks of the social offices is to assess the quality of the social services and care administered and financed by the municipality (Law on Social Services and Social Assistance, para. 11). Owing to the insufficient capacity of the Ministry of Welfare to monitor providers, most of the work is left to the municipalities. Yet different municipalities undertake the monitoring to different degrees. There are cases where monitoring is done very thoroughly, and cases where municipalities scarcely have people to organise the provision of social services and do not have resources left for monitoring.

At the third level, according to the Cabinet of Ministers Regulation (No. 291) on "Requirements for social service providers", each social service institution that provides housing to its clients has to evaluate the social care process at least once every six months. Each institution that does not provide housing does the evaluation once every twelve months. Monitoring at this level is mostly concerned with evaluating the quality of each patient's social care plan. In some of the annual reports of the institutions, however, other information on quality is also available. In some of the municipalities (e.g. Riga municipality), annual surveys of clients and quarterly meetings with the participation of two of the institution's clients are mandatory for LTC institutions. In the past all social care institutions were obliged to hand in self-evaluation reports to the Social Care Fund. Currently, it is no longer mandatory, but as later discussed with respect to plans for the future, the self-evaluation system is being reintroduced in Latvia as part of the quality control system.

The Health Inspectorate, which is part of the Ministry of Health, is responsible for different health aspects of LTC. The Health Inspectorate's Health Care Institution Control Division monitors compliance with health care standards in LTC institutions and in home-based nursing care. The Public Health Control Division monitors conformity with hygiene requirements. The Health Care Quality Control Division investigates complaints about poor quality health care in LTC institutions and home-based nursing care. Also the responsibilities of the Health Inspectorate are relevant for LTC in a complementary sense, as the residents of LTC institutions visit health care institutions to use the services of a family doctor or a medical specialist.

The Food and Veterinary Service and the Fire Safety and Rescue Service are responsible for monitoring the compliance with food and fire safety requirements, respectively, in LTC institutions.

1.1.4 Fostering and diffusing good practices

The functions of fostering and diffusing good practices are also entrusted to the Ministry of Welfare and municipalities. The Ministry of Welfare oversees the overall qualitative development of social care services, involves NGOs in policy discussions and incorporates research results in the policy planning process. Municipalities work on specific social development programmes for their regions. Each municipal council is required to establish a social committee, the purpose of which is to review the existing work process in the sphere, monitor the work of institutions supervised by the council and to submit the results of its investigations to the council for discussion. Each municipal service has the task of outlining the municipality's conceptions for the development of social services, programmes and proposals for the introduction of new services. The director of the social service submits the proposals and resolutions that are necessary for improving the work of social services to the council.

Until 2009, while the sphere was still supervised by the Social Services Board, a separate department was dedicated to preparing and disseminating brochures on good practices. Now there is no separate unit dealing with the issue and activities in this regard are rather few. Still, one good practice that is being visibly encouraged is the newly introduced self-evaluation by social service providers. It is being promoted through efforts to highlight the benefits gained by the social service providers that participated in the pilot project. This self-evaluation is later discussed in more detail.

1.2 Quality assurance policies for LTC

1.2.1 Minimum standards of quality

Regulation No. 291 of the Cabinet of Ministers on "Requirements for social service providers" describes the quality standards to which LTC providers must conform. These quality standards (listed below) are used by the Ministry of Welfare and municipalities to assess the quality of each LTC institution and provider of formal home-based care.

General requirements for all social service providers

- Information about the aims, goals, functions and structure of the social service provider is available to the client.

- Social workers and social staff have the necessary education.

- The regular increase in the training and qualifications of all social workers working with clients is ensured (for the director of a social institution and social workers, no less than 24 hours of training is undertaken per year; for social care managers and social care workers, no less than 16 hours per year; for care workers, no less than 8 hours per year and for other employees as necessary).

- Clients' personal information is treated confidentially, with restricted access.

- Clients' personal lives are treated as inviolable.

- First aid is always available.

- Collaboration with clients' municipal social services and other institutions is ensured.

- An evaluation of the social care process within the LTC institution is conducted at least once every six months, if the institution provides housing for its clients.

- An evaluation of the social care process within the LTC institution is done at least once every twelve months if the institution does not provide housing.

- The clients or their representatives can submit complaints and verbal or written proposals for improvements to the social services; the complaints and proposals are examined.

- Information about the possible effects of social services on clients' self-care and social functioning is provided to the clients.

Requirements for the municipal social offices

- Consultative support for municipal social workers is provided for at least 9 hours per year on an individual basis or 18 hours on a group basis.

Requirements for LTC institutions for adult care

- Clients are provided with support for solving their problems.

- The institution has the environment necessary to enable clients to spend their free time in a worthwhile way (there are facilities and equipment for leisure and occupations, the environment is suitable for leisure, there is a possibility to attend cultural and sports events as well as become involved in social activities outside the LTC institution, meet friends and relatives).

- According to the clients' functional abilities, they are given opportunities to perform the instrumental activities of daily living: managing their personal finances, shopping, cleaning the rooms and area, doing laundry and cleaning shoes, preparing meals, etc.

- Registration with a family doctor is ensured, and treatment is prescribed by a family doctor or a medical specialist.

- Clients are treated as individual cases, with individual social care plans setting out social care aims, tasks and evaluations.

Requirements for social service providers offering home-based care

- Social care providers must ensure that home-based social care is performed by a worker who is psychologically compatible with the client.

Each of the standards consists of a few criteria. After assessing the fulfilment of all the criteria, the Ministry of Welfare or the municipality gives each institution a score for the standard using a three-level rating system: the requirement is satisfied, partly satisfied or not satisfied. The description of each score is given in Table 1.

Table 1. Rating system for evaluating social service providers, by the level of risk and effects

Risk level	Risk description	Score attained in monitoring
A – high	Failure to fulfil the criteria endangers a client's health or life, and fails to ensure that activities of care, social care and rehabilitation are undertaken.	Requirement is not satisfied
V – medium	Failure to fulfil the criteria delays and overburdens the provision of qualitative care, social care or rehabilitation services to the client.	Requirement is partly satisfied
Z – low	The fulfilment of the criteria ensures the provision of qualitative social care and rehabilitation services in the social service institution.	Requirement is satisfied

Source: Ministry of Welfare, Republic of Latvia.

If the requirement is not satisfied or is partly satisfied, the social service provider is required to correct the faults within a set timeframe (usually two months) and submit evidence that the problems have been corrected to the monitoring institution.

Requirements for the registration of social service providers

As mentioned above, in Latvia there is only a registration system for social service providers and not an accreditation system. The Ministry of Welfare requires the following information for registration: the name, legal status, the registration number in the Registry of Enterprises of the Republic of Latvia, address and contact information, the type of social service provided (a daycare centre, home-based care provider, LTC institution, etc.) and whether it offers housing for clients. Also required is the age and gender of the provider's prospective clients (e.g. retired persons of both genders) and other main characteristics of prospective clients (e.g. disabled persons, persons with mental disorders). Providers must specify the institution's planned capacity, number and qualification of employees (specialists and other staff), give a description of the facilities and a detailed facilities plan, along with general information about the provider and the name of the institution's director.

As formal, home-based nursing care is regarded as health care and not social care in Latvia, and is thus supervised by the Health Inspectorate, it has a separate set of requirements.

Requirements for home-based nursing care

- A family doctor evaluates the effects of home-based care at least once a month.

- The service providers are certified nurses or nurse practitioners.

- The service providers can provide emergency health care until the arrival of an emergency team.

- The service providers plan the care process.

- According to the Law on Patient's Rights, patients have a right to obtain information about their diagnosis, prospective health-care services and possible effects, and to see their medical documents.

1.2.2 Publicity of quality measures

There are no legally binding requirements for the Ministry of Welfare to publish the results of quality assurance monitoring in LTC. This is because the quality assurance information gathered contains a good deal of personal data on the LTC institution's clients. The information is also highly sensitive – faults are corrected and it would be unfair to keep old information that is no longer valid in the public domain. The ministry's usual procedure is to check the compliance of a specific social service provider with the quality requirements and prepare a report on the improvements needed within a set timeframe. One copy of the report is retained by the ministry and the other is given to the institution. The improvements are evaluated after the time has elapsed. But the results of the quality assurance monitoring are only known to the institution that has been monitored and the Ministry of Welfare. The ministry keeps a register for monitoring and suggestions for internal use, but no aggregate information on LTC quality is prepared and published. Likewise, the Health Inspectorate and municipalities are not obliged to (and do not) publish any quality assurance information on home-based nursing care.

The only information the Ministry of Welfare is obliged to publish is annual statistical reports on social care and social services. The statistical information gathered includes quantitative information on funds spent and people treated. From the viewpoint of quality measures, these reports only include data on the education of employees of the social service providers. This information is collected by municipalities and submitted to the Ministry of Welfare by 15 February each year for summarising (Regulation No. 338 on "State statistical reports on social services and social care").

At the providers' level, only state-sponsored social care centres are required to publicise their annual reports on their websites. Nevertheless, these reports contain a very diverse range of information on quality. Some reports include only a very brief amount of information on employees' education, while others elaborate extensively on the results of LTC client surveys. Municipal or privately-owned LTC institutions do not have to publish annual reports, and hence abstain from doing so.

1.2.3 Monitoring frequency

For the Ministry of Welfare and municipalities, there are no regulations on monitoring frequency. Both mostly monitor institutions after clients complain; however, they also have plans for checking LTC providers independently. One municipal representative guessed that they monitor each LTC provider approximately once every three years; but some providers are

monitored two to three times a year. The ministry does it even less often owing to its scarce human resources. As noted earlier, within the first nine months of 2010, 8 out of 600 institutions were monitored by the Ministry of Welfare. The Health Inspectorate also checks the compliance of each institution with health care standards approximately once every two to three years, although for some institutions more frequent monitoring has been done.

According to the Cabinet of Ministers Regulation (No. 291) on "Requirements for social service providers", each social service institution that provides housing to its clients has to evaluate the social care process at least once every six months. Each institution that does not provide housing does the evaluation once every twelve months. This evaluation is concerned with assessing the quality and effectiveness of each patient's social care programme. A few of the institutions also conduct an annual survey of clients, which is more to do with the general monitoring of quality assurance, and they hold quarterly meetings with the participation of employees and clients to identify problems in social care and come up with solutions.

1.2.4 Guidelines on evidence-based medicine

No guidelines on evidence-based medicine (EBM) have been prepared specifically for LTC procedures in Latvia.

Yet there are EBM guidelines on various other medical procedures. Para. 9(1) of the Law on Health Care states that health care is provided in compliance with clinical EBM guidelines. While the guidelines should be followed, they are recommendations in nature, and health care institutions implement these guidelines according to their financial capabilities (Regulation No. 469, the "Order under which clinical guidelines are developed, assessed, registered and implemented", para. 19). These guidelines are developed by professional organisations of health care specialists, health care institutions and medical universities. Afterwards they are examined by the Centre of Health Economics, which has the right to verify them. Lastly, the guidelines are accessible to professionals and the public through the homepage of the Centre of Health Economics.

1.2.5 LTC professional curricula

1) General practitioner/family physician/primary care physician

Two universities in Latvia prepare doctors: the University of Latvia and Riga Stradiņš University. After finishing studies at any of these universities, one has earned a general doctor's degree, but must apply for further education to receive a qualification as a primary care physician. Further education in the specialty of primary care physician is provided at the following universities:

- Riga Stradiņš University, further education faculty; and
- the University of Latvia in collaboration with the European Social Fund, which provides a programme for augmenting the existing qualifications of doctors and specialists with those of a primary care physician.

2) Hospital physician

Further education for hospital physicians and specialists in different spheres takes place at the following institutions:

- Riga Stradiņš University, further education faculty; and
- University of Latvia, further education faculties.

3) Social worker

Social workers are educated at numerous universities:

- Riga Stradiņš University (bachelor's and master's degrees in social work);

- Attīstība Higher School of Management and Social Work (a second-level professional study programme, as well as bachelor's and master's degrees);

- Baltic Psychology and Management School of Psychology (bachelor's degree);

- Liepāja University;

- University of Latvia Social Sciences faculty (second-level professional study programme);

- Latvian Christian Academy (professional study programme in "Social Caritative Work"); and

- Daugavpils University (professional master's programme).

4) District nurse

A general nurse's qualification can be obtained at many educational institutions. But study programmes designed specifically to prepare district nurses are rare in Latvia. Currently, there is a European Social Fund project underway, on "Competency and skills improvement for health care and health improvement institutions' personnel". This project ensures free further education for 25,000 doctors, nurses, nurse practitioners and other health care employees.

- Within this project there is also a study programme for augmenting general nursing qualifications to that of a district nurse and equipping nurses with the skills and knowledge for treating patients at home. The programme is carried out by the University of Latvia's Riga Medicine College and the Latvian Doctor's Association.

- Within the project, nurses can acquire qualifications to provide ambulatory treatment. A specific programme prepares nurses for performing solely ambulatory treatments, including home-based treatments, and is organised by Riga Stradiņš University.

- The only permanent education similar to that of district nurses is the education programme "Ambulatory treatment nurse", provided by the University of Latvia.

5) Care managers and nurses

There are no educational programmes for health care organisers in Latvia. Usually these positions in the labour market are taken by persons with a medical education. Still, programmes in health care management are currently being planned. For example, there are plans by the Stockholm School of Economics in Riga to introduce a master's degree in health care administration, but this will most probably take some time.

At present, the closest thing to an educational programme for care managers and nurses is the education programme for a social aid organiser, which is nonetheless more concerned with planning funds for social assistance than health aspects.

6) Health educators

There are no educational programmes for health educators in Latvia.

7) Nurse practitioners

Nurse practitioners are educated at the following educational institutions:

- Latvian University's Riga Medicine College,
- Liepāja Medicine College,
- Riga 1st Medical College,
- Daugavpils Medicine College,
- Riga Stradiņš University Red Cross Medicine College, and
- University of Latvia P. Stradiņš Medical College.

8) Nursing staff

First-level professional study programmes for nursing staff are provided by the following universities and colleges:

- Daugavpils Medicine College,
- University of Latvia P. Stradiņš Medical College,
- University of Latvia Riga Medicine College,
- Liepāja Medicine College,
- Riga 1st Medical College, and
- Riga Stradiņš University Red Cross Medicine College.

Professional, bachelor's study programmes for nursing staff are provided by two universities:

- Latvian University, and
- Riga Stradiņš University.

9) Care workers or care assistants

Qualifications for care workers and care assistants are available at several educational centres:

- Attīstība Higher School of Management and Social Work,
- Riga 1st Medical College,
- University of Latvia P. Stradiņš Medical College, and
- Daugavpils Medicine College.

1.2.6 Policies on informal care

Currently, there are no specific policies on informal care in Latvia, as the economic situation does not allow for widespread informal care. Nevertheless, the Ministry of Welfare's plans for 2008–10 set a broad goal of supporting and advancing alternative long-term care for the elderly. "Improvements in the accessibility of social care services, including the development of alternative social-care services" is the second most important goal of the ministry's policy initiatives for 2008–10 (see Ministry of Welfare, 2007a). This advancement of alternative social-care services is among the municipalities' stated tasks (Ministry of Welfare, 2007b, p. 12). The planning documents also speak of increasing the role of NGOs and the private sector in social care. There are no concrete plans for informal care, but a few initiatives have been implemented that support informal care.

1.2.7 Initiatives on informal care in Latvia

First, it is important to note that municipalities with too few care workers or care assistants sometimes conclude a service contract with a client's relative, friend or neighbour. This person provides home-based care services to the elderly individual and is paid the wage of a care worker. This is said to be a common arrangement in rural areas lacking care workers.

Regarding courses for informal caregivers, none are organised exclusively for families, as the demand for such courses is deemed to be very low owing to the economic situation. Family members usually have to work to support themselves and their elderly relatives. Still, there are some initiatives that seek to fill the gap in courses for family members who want to care for their elderly relatives. As part of the nurses' duty service, the "Care service" programme offers the possibility of some training for family members on how to provide medical care for elderly, sick relatives. On the first visit, the nurse examines the home environment, demonstrates how best to provide care for the elderly person, advises on the need for and use of technical devices for assistance and how best to arrange the care recipient's room. This service can be described as a lecture or a few lectures rather than a course. A full course in home-based care was provided by Latvia's Evangelical Church. The course was open to anyone interested in caring for people at home – church members, families, social workers and others who wanted to increase their skills in home-based care.

No extensive awareness-raising campaigns about quality in LTC and home devices or technologies supporting self-care have been implemented in Latvia. One of the small initiatives is "Safety button", which is later described in more detail.

Financial support for technical and home devices supporting self-care is available. In this regard, the state freely lends a wide variety of technical devices to enable the elderly to stay at home and perform activities of daily living (ADLs). To receive a supporting device, an individual must present a doctor or specialist's assessment that the device is needed to assist the individual's functioning. The technical devices vary from a pair of crutches to a shower chair and supporting devices for the home environment. These devices are usually lent for periods of two to three years at a time.

The latest initiative supporting self-care is the above-mentioned "Safety button" programme organised by the Samaritan Association of Latvia. It involves the provision of an electronic device through which the client can reach an operational unit. The operational unit is contactable 24 hours a day, to react immediately to any problems an elderly person caring for him or herself might experience, including those concerning the person's health, household (such as lost keys for an apartment door) and other problems.

1.3 Results of quality assurance policies

1.3.1 Effects and evaluation of the policies

Evaluating the effects of policies is the duty of both the Ministry of Welfare and the Ministry of Health. The 2010 annual report of the Ministry of Welfare to some extent does state the results that were achieved during 2009 and sets the direction of work in the social services sector for the next five years: 1) increasing the quality of social services and enhancing the work of state social-care centres, and 2) developing alternative social-care services. To reduce the funds spent on social care administration, the Social Services Board was wound up and its functions were transferred to the Ministry of Welfare (see the *Annual report 2009*, Ministry of Welfare, 2010a).

1.3.2 Plans for changes to policies in the near future

The state's national development plan for the years 2007–13 sets goals for social care: the development of the social services administered by the state and municipalities, increasing the quality of the system and modernising the service infrastructure. The goals also include improving the accessibility of social care services, bringing them nearer to clients' homes, developing new and alternative forms of social services, and enhancing the dialogue between the state and socially vulnerable groups.

Most importantly, a gradual change is underway from the present system for monitoring quality towards a framework whereby each social service provider monitors the quality of its own services. As later described, the change will eventually result in a quality grading system that will be comparable across different providers and a uniform approach to monitoring quality, covering internationally recognised aspects of quality.

In 2010, the Ministry of Welfare together with the European Social Fund launched a project entitled "Developing, validating and introducing a new methodology for monitoring the quality of social service providers". This project aims at establishing a new system by which the social services of municipalities and LTC institutions are required to produce self-evaluation reports and submit them to the Ministry of Welfare on a regular basis. Self-evaluation is gradually to replace the existing approach to quality control (systematic visits by ministry representatives to social service providers), and unlike the existing approach, will incorporate a mechanism for attributing scores that are comparable across different providers. The self-evaluation reports will include the assessment of such factors as activity planning, staff competencies and education levels, client satisfaction and the effectiveness of care. General quality requirements will be defined based on a quality management model that forms part of the Common Assessment Framework (CAF) developed by the European Institute of Public Administration. Specific requirements for the social service sector are to be included (with the help of the project activities), based on the existing normative foundation.

As of March 2012, the project has involved five stages:

1) Five regional seminars were held with social service providers to determine problems in the existing system.

2) At the end of 2010, representatives of social service providers and experts participated in regional 'idea laboratories', which were organised to evaluate the existing legislation on quality monitoring, delve into CAF criteria, discuss factors having the most impact on service quality, and lastly unify the best aspects from the CAF and existing legislation.

3) Throughout the first quarter of 2011, experts and staff from the Ministry of Welfare developed the methodology and the self-evaluation form, and determined the frequency of monitoring. The methodology includes quality standards (covering personnel, the identification of client requirements and planning, etc.) and a few criteria for measuring each standard, graded against four levels of conformity (ranging from poorly developed (1) to high quality standards (4)). Each level for each criterion will have a prescribed set of indicators, parameters and evidence. The main difference compared with the previous methodology is the possibility to identify a concrete, current level of attainment for each standard. A total score for each standard will be compiled from the sum of scores for the corresponding criteria; this total score will represent a comparable measure across all social service providers.

4) A pilot project of the self-evaluation system was undertaken by eight social service providers.

5) Five regional seminars were organised, covering all the planning regions: Riga, Kurzeme, Zemgale, Vidzeme and Latgale. During the seminars, the new methodology was introduced to social service providers, along with the very positive experiences of the pilot project participants. Later, a seminar on the application of the methodology was organised for the first 11 social service providers that expressed the desire to perform a self-evaluation. These 11 providers have been given two months for self-evaluation and are expected to hand in the self-evaluation reports to the Ministry of Welfare in April 2012. Further seminars for training social service providers in the new methodology are expected in 2013.

At present, the new self-evaluation system is voluntary for service providers, with the aim of slowly replacing the previous system. As the self-evaluation requires an extensive investigation by the social service provider, in the future it might be done once every two or three years (Ministry of Welfare, 2011).

The project is 85% funded by the EU (i.e. the European Social Fund) and 15% by the Latvian state (under activity 1.5.1.3.2, "State, regional and local public services' quality advancement").

Apart from this project, the Ministry of Welfare's (2007b) *Strategy for 2008–10* identifies three main spheres in which improvements are to be introduced. First is an increase in the amount of technical devices available, as today there are queues of people waiting to receive them. Second is an increase in the qualifications and number of social work specialists. There are too few social workers in Latvia for the population and in 2007 only around 30% of social workers had suitable education. Thus, there are plans to provide prospective social workers with more state-funded places at institutions offering second-level professional education. There are also plans to carry out research on the curricula of further education programmes for social workers, introduce programmes and increase the prestige of the social work profession. Third, the Ministry of Welfare admits that the demand for social care services exceeds the supply. Hence, there is a need to develop alternative care services for the disabled, elderly and children. The state is planning to finance an increase in the number of daycare centres and group housing in the municipalities, and another European Social Fund project is currently supporting the introduction of alternative care services.

The project on the introduction of alternative care services is organised by the state employment agency and involves two stages. The first stage, now completed, concerned research on demand by the population for specific social-care services in all of the regions. The research resulted in five reports (one for each region) outlining the alternative care services needed in each location. For the elderly, the existing needs are for more providers of home-based care, the introduction of mobile care units and expansion of the "Safety button" initiative. In the second stage of the project, social care providers are asked to submit their proposals for providing the services needed in each region. Thus, the project offers a real possibility for advancing the care needed exactly where it is needed.

2. LTC quality indicators

2.1 Types of quality indicators at the national and local levels

Quality indicators at the national and local levels are similar because the Ministry of Welfare and municipalities use the same basis (Cabinet of Ministers Regulation No. 291, "Requirements for social service providers") for monitoring. The quality standards and the respective indicators are presented in Table 2.

Table 2. Quality requirements for social service providers

	Quality standard	**Indicators**
General quality requirements	Information about the social service provider's aims, goals, functions and structure is available to the client	The client has access to the institution's statutes, internal rules, work plan for the current year, strategic or long-term plan, structure, goals, aims and functions. There are documents showing that clients are informed of the institution's aims, and there are results from client surveys on service quality.
	Social workers and social staff have the necessary education	Number of employees, copies of employees' qualifications.
	The regular increase in the training and qualifications of all social workers working with clients is ensured	There is evidence of the fulfilment of the previous year's plan to increase qualifications and an authorised plan for increasing qualifications in the current year. There are copies of employee certificates demonstrating the increase in qualifications, and the related training seminars correspond to the professional needs of employees.
	Clients' personal information is treated confidentially, with restricted access	There are confidentiality clauses in employment contracts, an authorised list of persons who have access to restricted information and information is treated in conformity with relevant legislation.
	Clients' personal lives are treated as inviolable	There are clauses in the statutes on the inviolability of clients' personal lives and other internal documents; clients have the right to personal phone calls in a separate room and to have their own personal space.
	First aid is always available	There are documents confirming the first-aid qualifications of employees working with clients and a first-aid kit; information concerning the procedures for providing first aid in the institution is disseminated to and signed by employees; clients are informed about situations where first aid is necessary.
	Collaboration with clients' municipal social services and other institutions is ensured	There are contracts concerning collaboration, along with evidence: letters, fixed phone calls, protocols, etc.
	Evaluation of the social care process within the LTC institution	The evaluation of the social care process within the LTC institution is conducted at least once every six months, if the institution provides housing for its clients. It is done at least once every twelve months if the institution does not provide housing.
	Clients or their representatives can submit complaints and verbal or written proposals for improvements to the social services; the complaints and proposals are examined	There is an easy mechanism for submitting complaints and proposals, and information on how to do so is accessible to clients. There is a journal of complaints and proposals, and a place to submit complaints.

Table 2. cont'd

Requirements for adult LTC institutions	Information about the possible effects of social services on clients' self-care and social functioning	Information about the possible effects of social services on the client's self-care and social functioning is provided to the client.
	Clients are provided with support for solving their problems	The client's card contains information about the client's problems, aims and tasks, available resources, planned activities, performed activities, evaluation of results and the client's participation. There are facilities for working with the client and specialists who can provide professional support.
	Evaluation of clients' functional abilities	Evaluations are regularly undertaken (no less than twice a year) of the functional abilities of clients (self-care, social, intellectual and physical skills), which are recorded on the clients' cards. Social care is organised depending on clients' functional abilities.
	The institution has the environment necessary to enable clients to spend their free time in a worthwhile way	There are facilities and equipment for leisure and occupations, the environment is suitable for leisure and there is a possibility to attend cultural and sports events (a timetable for events for the current year is available) as well as become involved in social activities outside the LTC institution. Clients can meet friends and relatives (there is a journal for visitors, a place to meet visitors and a journal documenting clients' leave).
	According to the clients' functional abilities, they are provided with opportunities to perform IADLs: managing personal finances, shopping, cleaning, doing laundry and preparing meals	Clients' IADL skills are noted in their cards, the necessary facilities are available, there is a plan for lessons, clients are informed about this plan and their participation is documented.
	Registration with a family doctor is ensured, and treatment prescribed by family doctor or a specialised doctor is carried out	Clients are registered with a family doctor and there are an appropriate number of medical personnel at the institution. Phone communication is available at all times, and inter-professional and inter-institutional collaboration is ensured in providing health care for the client.
	24-hour care is ensured	There are people ensuring care at night and an employee work timetable.
	Facilities are appropriate	Facilities are accessible by disabled clients, technical assistance devices are available if needed (as specified in the client's health card) and there is a contract with the centre for technical assistance devices.
	Clients are treated as individual cases	Clients are treated individually – with individual social care plans setting out social care aims, tasks and evaluations.

Table 2. cont'd

Requirements for home-based care providers	Social care providers ensure that social care at a client's home is performed by a worker who is psychologically compatible with the client	–
Requirements for home-based nursing care providers	A family doctor evaluates the effects of home-based care at least once a month	–
	The service providers are certified nurses or nurse practitioners	Documentation of the qualifications of nurses or nurse practitioners
	The service provider is able to provide emergency health care until the arrival of an emergency team	Staff qualifications in providing emergency care
	The service provider plans the care process	–
	The patient has a right to obtain information about his/her diagnosis, prospective health care services and possible effects, and to see his/her medical documents	–

Sources: Author's compilation based on Cabinet of Ministers Regulation No. 291, "Requirements for social service providers", Cabinet of Ministers, approved "Criteria for assessing quality in long-term social care and rehabilitation institutions serving adults with mental disorders", the Law on Patient's Rights, and Cabinet of Ministers Regulation No. 1046, "Mechanism for organising and financing health care" (para. 12).

2.2   Selected data about quality indicators

Although there are indicators that the state and the municipalities use in monitoring the quality of social service providers, there is only a very small amount of publicly available data on them. This phenomenon is explained by the old system for quality control, which does not enable a grade to be attributed to each indicator. Currently, the standards are only graded at three levels – a requirement is satisfied, partly satisfied or not satisfied – and many of the indicators cannot be graded at all. Moreover, the responses to indicators contain a great deal of personal data, and such information is not made public. Thus, logically the Central Statistical Bureau does not publish information on LTC quality either. Nor are data on formal, home-based nursing care accessible, because the Health Inspectorate does not publish any. The state only publishes quantitative statistical information, municipalities do not publish any information at all and LTC institutions (except those that are state-owned) do not have to publish their annual reports. The only quality information that can be extracted from quantitative statistical reports is described below.

At the end of 2010, there were 100 LTC institutions for adults operating in Latvia. In 2010, these institutions employed 134 social workers. Of the social workers, 96 had an academic or second-level professional diploma in social work, 15 had a first-level professional diploma in social work, 12 had a school diploma and 11 had a university diploma in another specialty. Among the specialists without sufficient education, 3 were studying to complete first-level professional education in social work and 16 were studying for the second level. During 2009, in total all social work employees from LTC institutions spent 20,588 hours in courses to increase their qualifications.

Finally, as mentioned above, the system and methodology for monitoring quality assurance is slowly moving towards a framework with comparative measures as a result of the gradual introduction of a self-evaluation system for social care providers. Thus, more extensive information about the quality of LTC institutional and home-based care should be available in future years, when the majority of social care providers are using the new methodology for quality monitoring.

References

Literature – Documents and website links

Latgale Region Development Agency (2010), *Latgale planning regional development programme for alternative social care and social rehabilitation services 2010–2017*, Daugavpils (http://www.latgale.lv/lv/esf/esf_pr1/results).

Ministry of Health and European Social Fund (2008), "Competency and skills improvement for health care and health improvement institutions' personnel", Riga (http://www.talakizglitiba.lv/par-projektu).

Ministry of Regional Development and Local Government of the Republic of Latvia (2006), *National development plan 2007–2013*, Riga (http://www.nap.lv/upload/nap/national_development_plan_2007-2013_eng.pdf).

Ministry of Welfare (1997), *The white book – Reform project for Latvia's social system*, Policy document, Riga (www.lm.gov.lv/upload/normativie_akti/baltagramata.doc).

———— (2005), *Professional social work development programme for the years 2005–2011*, Riga (http://www.lm.gov.lv/upload/sociala_aizsardziba/sociala_palidziba_pakalpojumi/soc_darba_progr.doc).

———— (2007a), "New policy initiative table in priority order", Riga (http://www.lm.gov.lv/upload/ministrija/lmstratp1_140607.pdf).

———— (2007b), *Strategy for 2008–2010*, Riga (http://www.lm.gov.lv/upload/ministrija/lmstrat_140607.pdf).

———— (2010a), *Annual report 2009*, Riga (http://www.lm.gov.lv/upload/gada_parskats/gada_parskats_09_2.pdf).

———— (2010b), "Work plan for 2010", Riga (http://www.lm.gov.lv/upload/ministrija/lm_dp_2010_200710.xls).

———— (2011), "The implementation progress of the project 'Developing, validating and introducing a new methodology for monitoring quality of social service providers'" (website article), Riga (http://lm.gov.lv/text/1962).

Riga Planning Region (2010), *Riga planning regional development programme for alternative social care and social rehabilitation services 2010–2016*, Riga (http://www.rpr.gov.lv/uploads/filedir/socialo_pakalpojumu_programma/Dokumenti/gala%20versija/isa_versija_2010.pdf?PHPSESSID=37900b02556d4a1dc1b3dbe7813523a9).

Vidzeme Planning Region (2010), *Planning region development programme for alternative social care and social rehabilitation services 2010–2017*, Cēsis (http://www.google.lv/url?sa=t&source=web&cd=3&ved=0CBsQFjAC&url=http%3A%2F%2Fwww.vidzeme.lv%2Fupload%2Flv%2FSabiedribas_lidzdaliba%2FVidzemes_alternativo_socialo_pakalpojumu_programma_gala_redakcija.doc&ei=dl-jTJqnNY_Hswa09u2KBQ&usg=AFQjCNEQ5V83FCNj7cZ9yS8l2RLYRMhfQA&sig2=-uoDH-rx7WV5xFS2LpqKbw).

Laws, Regulations of the Cabinet of Ministers and criteria for social care

Law on Social Services and Social Assistance (http://www.lm.gov.lv/upload/sociala_aizsardziba/sociala_palidziba_pakalpojumi/lik_spsp_21012010.pdf)

Cabinet of Ministers, approved "Criteria for assessing quality in long-term social care and rehabilitation institutions serving adults with mental disorders" (http://www.spf.lv/?object_id=955)

Cabinet of Ministers Regulation No. 49, "Statutes of the Ministry of Welfare" (http://www.likumi.lv/doc.php?id=83758)

Cabinet of Ministers Regulation No. 291, "Requirements for social service providers" (http://www.likumi.lv/doc.php?id=75887)

Cabinet of Ministers Regulation No. 338, "Regulation on state statistical reports on social services and social care" (http://www.lm.gov.lv/upload/sociala_aizsardziba/sociala_palidziba_pakalpojumi/338_06042010.pdf)

Cabinet of Ministers Regulation No. 431, "Hygiene requirements for social care institutions" (http://www.likumi.lv/doc.php?id=13628&from=off)

Cabinet of Ministers Regulation No. 951, "Procedures for determining whether social service providers are registered in the social service providers' register or excluded from it" (http://www.likumi.lv/doc.php?id=184208&from=off)

Cabinet of Ministers Regulation No. 1474, "Rules on technical assistance devices" (http://www.likumi.lv/doc.php?id=202674&from=off)

Laws, Regulations of the Cabinet of Ministers on health care (related to LTC)

Law on Health Care (http://www.likumi.lv/doc.php?id=44108&from=off)

Law on Patient's Rights (http://www.likumi.lv/doc.php?id=203008)

Cabinet of Ministers Regulation No. 60, "Mandatory requirements for health care institutions and their branches" (http://www.likumi.lv/doc.php?id=187621)

Cabinet of Ministers Regulation No. 469, "Order under which clinical guidelines are developed, assessed, registered and implemented" (http://www.likumi.lv/doc.php?id=210860&from=off)

Cabinet of Ministers Regulation No. 574, "Regulations on hygienic and anti-epidemic requirements in health care institutions" (http://www.likumi.lv/doc.php?id=139857&from=off)

Cabinet of Ministers Regulation No. 1046, "Mechanism for organising and financing health care" (http://www.likumi.lv/doc.php?id=150766)

Organisations

Center of Health Economics (http://www.vec.gov.lv/default.html)

Health Inspectorate (http://www.vi.gov.lv/)

Ministry of Health (http://www.vm.gov.lv/)

Ministry of Welfare (http://www.lm.gov.lv/index.php)

Riga City Council, Welfare department (http://www.ld.riga.lv/)

ANCIEN

Assessing Needs of Care in European Nations

FP7 HEALTH-2007-3.2-2

L aunched in January 2009, ANCIEN is a research project financed under the 7th EU Research Framework Programme. It runs for a 44-month period and involves 20 partners from EU member states. The project principally concerns the future of long-term care (LTC) for the elderly in Europe and addresses two questions in particular:

1) How will need, demand, supply and use of LTC develop?

2) How do different systems of LTC perform?

The project proceeds in consecutive steps of collecting and analysing information and projecting future scenarios on long-term care needs, use, quality assurance and system performance. State-of-the-art demographic, epidemiological and econometric modelling is used to interpret and project needs, supply and use of long-term care over future time periods for different LTC systems.

Work Packages. The project started with collecting information and data to portray long-term care in Europe (WP 1). After establishing a framework for individual country reports, including data templates, information was collected and typologies of LTC systems were created. The collected data form the basis of estimates of actual and future long term care needs in selected countries (WP 2). WP 3 builds on the estimates of needs to characterise the response: the provision and determinants of formal and informal care across European long-term care systems. Special emphasis is put on identifying the impact of regulation on the choice of care and the supply of caregivers. WP 6 integrates the results of WPs 1, 2 and 3 using econometric micro and macro-modelling, translating the projected needs derived from WP2 into projected use by using the behavioral models developed in WP3, taking into account the availability and regulation of formal and informal care and the potential use of technological developments.

On the back of projected needs, provisions and use in European LTC systems, WP 4 addresses developing technology as a factor in the process of change occurring in long-term care. This project will work out general principles for coping with the role of evolving technology, considering the cultural, economic, regulatory and organisational conditions. WP 5 addresses quality assurance. Together with WP 1, WP 5 reviews the policies on LTC quality assurance and the quality indicators in the EU member states, and assesses strengths, weaknesses, opportunities and threats of the various quality assurance policies. Finally WP 7 analyses systems performance, identifying best practices and studying trade-offs between quality, accessibility and affordability.

The final result of all work packages is a comprehensive overview of the long term care systems of EU nations, a description and projection of needs, provision and use for selected countries combined with a description of systems, and of quality assurance and an analysis of systems performance.

Principal and Partner Institutes

CEPS is responsible for administrative coordination and dissemination of the general results (WP 8 and 9). The Belgian Federal Planning Bureau (FPB) and the Netherlands Bureau for Economic Policy Analysis (CPB) are responsible for scientific coordination. Other partners include: German Institute for Economic Research (DIW); Netherlands Interdisciplinary Demographic Institute (NIDI); Fundación de Estudios de Economía Aplicada (FEDEA); Consiglio Nazionale delle Ricerche (CNR); Universitá Luiss Guido Carli-Luiss Business School (LUISS-LBS); Institute for Advanced Studies (IHS); London School of Economics and Political Science- Personal Social Services Research Unit (PSSRU); Istituto di Studi e Analisi Economica (ISAE); Center for Social and Economic Research (CASE); Institute for Economic Research (IER); Social Research Institute (TARKI); The Research Institute of the Finnish Economy (ETLA); Université de Paris-Dauphine-Laboratoire d`Economie et de Gestion des organisations de Santé (DAUPHINE- LEGOS); University of Stockholm, Department of Economics; Karolinska Institute-Department of Medecine, Clinical Epidemiology Unit ; Institute of Economic Research, Slovak Academy of Sciences (SAS-BIER); Center for Policy studies (PRAXIS). Most of the ANCIEN partners are members of the European Network of Economic Policy Research Institutes (ENEPRI).

For more information, please visit the ANCIEN website (www.ancien-longtermcare.eu)
or the CEPS website (www.ceps.eu).