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Risks While Deinstitutionalizing Long-Term Elderly Care: The Case of Latvia

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Abstract

The study deals with the deinstitutionalization of long-term care for elderly people in Latvia. The aim of this study is to identify the risks that elderly people, discharged from long-term care institutions, are likely to face. The research method of this case study is document analysis and a semi-structured interview. The research shows that some mismatch between the declared political aims and the current situation which was clarified through interviews exists. The identified risks have been grouped, analysed, conclusions drawn are provided in the paper.

Keywords: deinstitutionalization, elderly people, risk, long-term care, community-based care.

Introduction

One of the biggest welfare policy challenges in the 21st century is population ageing and a rising demand for social care services. The World Health Organization (WHO) reports that the world's population has been rapidly ageing (WHO, 2015). Ageing is accompanied by a rising demand for social care services. Unsatisfied demand could become a growing burden for the social and health care systems. The WHO encourages to resolve this problem by implementing new policy – active ageing – in the social welfare system (WHO, 2002) and deinstitutionalization of care (WHO, 2014a). The WHO reports that between 2000 and 2050 the proportion of the world's population over 60 years will double from about 11% to 22%. The estimated number of people aged 60 years and over is expected to increase from 605 million to 2 billion over the same period of time (WHO, 2015). The Baltic States, and Latvia in particular, are not an exception. In Estonia, over 300 000 people are old age pensioners out of 1.325 million of its total population (One-Fifth of Pensioners in Estonia Continue Working to Supplement their Income, August 25, 2015); in Lithuania, 923 200 people receive at least one type of pension out of 2.956 million of its total population (1 in 3 Lithuanians Received Pensions in 2014, May 29, 2015); the Central Statistical Bureau of Latvia (CSB) reports that more than one quarter, 567 448 people are elderly out of 1.978 million of its total population (Centrālā Statistikas Pārvalde, 2015a). That means that elderly people make up about 20% of the population of the Baltic States.

A rather high percentage of elderly people in Latvia places an increasing burden on its ability to provide health and social care services; as the World Bank reports, in Latvia, age-related expenditure is lowest among 28 European countries that took part in its research (The World Bank, 2015a, p. 155). Age-related expenditure in Latvia makes up 12.1% of GDP and is lowest in the European Union – there expenditure on pensions makes up 7.7%, on health care – 3.8%, on long-term care – 0,6 % (The World Bank, 2015a, p. 154), in some richer EU-15 states expenditure on pensions, health and long-term care make up over 20% of GDP (The World Bank, 2015b).

In Latvia, about 137 000 elderly people out of half a million need social care, only 10 000 receive long-term care in institutions, 11 600 – at home (Bērziņš, 2015). According to the World Bank, in Latvia, about 60 000 people aged 50-64 have a disability and only 1/10 of them receive care in an institution (The World Bank, 2015a, p.83).

Setting the background for this study it is important to refer to the Active Ageing Index (AAI) – Latvia ranks 19 out of 28 EU states, its overall score is 31.5 (The World Bank, 2015a, p. 3); the employment rate of its older population is relatively high – Latvia ranks 9 out of 28 EU states, of male – 14, of female – 5 (The World Bank, 2015a, p. 3); its

ranking in 'Independent, healthy and secure living' and 'Capacity and enabling environment for active ageing' is low "mainly due to low rates of physical exercise and physical safety, lack of lifelong learning opportunities and independent living arrangements, and prevalence of relatively low median incomes" (The World Bank, 2015a, p. 4).

Ageing poses challenges to the national social and health care system since demand for social care, especially in long-term care institutions, is rising and it is difficult to provide quality services with limited budget allocation. Long-term care requires many human and material resources and Latvia's society has faced a challenge how to address the need of elderly people for long-term care. Long-term care is provided by the central and local government, NGOs, private organizations, communities, social workers, social work specialists, health care specialists, relatives. Deinstitutionalization of long-term care for elderly means that it should shift from institutional settings to the community, be replaced by community-based and home care (Maddox, 2013). The need of elderly people for care at home is not met in any region of Latvia (Bērziņš, 2015). An alternative to institutional care is community-based care, day care centres, group houses (apartments), service apartments, social care at home (The Parliament of the Republic of Latvia. 2013). While deinstitutionalizing long-term care for elderly people, i.e. replacing institutional care with other forms of support and assistance, some risk may arise. The aim of this study is to identify those risks.

Research tasks: to overview statistical data on long-term elderly care in Latvia, to provide the theoretical framework of the risk concept, of deinstitutionalization of long-term elderly care, to describe the research method, to analyse the findings, to start a discussion.

The study consists of six sections: the theoretical framework is described in the first section, data collection method is explained in the second, the situation of long-term elderly care in Latvia and alternatives are described in the third, risks of deinstitutionalization of long-term elderly care are being analysed in the fourth, the main findings are discussed, conclusions are drawn and reflected, proposals for future research are provided in the fifth.

Theoretical framework

Deinstitutionalization of long-term care for disabled, with mental health problems elderly people has been known since the late 20th century in the USA and Europe. It has been state policy in the USA since the early 1950s. The subjects of deinstitutionalization are people with mental illness or developmental disabilities, criminal offenders, children, elderly people, the homeless (Segal, Jacobs, 2013). The WHO defines deinstitutionalization as "a policy which calls for the provision of supportive care and treatment for medically and socially dependent individuals in the community rather than in the institutional setting" (WHO, 2004, p. 21). Deinstitutionalization is the process that prevents unnecessary admission and retention in institutions. It seeks to develop community alternatives for housing, treating, habilitating or rehabilitating these groups. Its aim is to improve living conditions of those who would need institutional care (U.S. Government Accountability Office, 1977). Considering Maddox (2013) and the WHO statements on deinstitutionalization, the process is understood as an opportunity to move from health care in institutions to community-based social care. This will allow elderly persons to stay longer outside institutions.

It must be taken into account that many old age people often have physical and intellectual disabilities. The United Nations Convention on the Rights of Persons with Disabilities recognizes the need to promote and protect the human rights of all persons with disabilities, including those who require more intensive support. Those persons must have equal rights as other community members to choose social services. Effective and appropriate measures must be taken to ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and full and effective inclusion and participation in the community life. Persons with disabilities must have the opportunity to choose their place of residence and who they want to live with. They are not obliged to live in institutions. Persons with disabilities must have an access to a range of in-home, residential and other community support, including personal assistance. It is important to support and include them in the community, prevent isolation or segregation. Community services and facilities must be available to the general population and to persons with disabilities on an equal basis and address their needs (United Nations of Human Rights, 2006). Elderly disabled persons have the same rights as others.

The European Parliament's 1996 Resolution on the Rights of Disabled People calls on the European Commission and Member States to promote social inclusion of people with disabilities and advocates non-discrimination and non-violence against them. It proposes that the rights of the disabled must to be treated as their civil rights, institutionalization should be avoided and that no one with disabilities should be institutionalized against their will (Mansell, Knapp, Beadle-Brown, Beecham, 2007).

The WHO's Global Comprehensive Mental Health Action Plan and the European Mental Health Action Plan reinforce their focus saying that "the commitment to deinstitutionalization and the development of community-based mental health services have to be continued although progress is uneven across the regions. There is a consensus that care and treatment should be provided in local settings since large mental hospitals often lead to neglect and institutionalization" (WHO, 2013, p. 2). Jiří Švarc, the head of the Unit for Employment, Social Affairs and Inclusion of the European Commission, insisted at the conference *Deinstitutionalisation and Further Development of Social Care Policy in Europe* (2015) that deinstitutionalization is important not only in terms of the human rights but also it is necessary to improve quality of life of those people who belong to vulnerable and disadvantaged groups. He mentioned a couple of examples such as frequent neglect and abuse of clients in institutions and a negative impact of an institutional set-up on them. The economic arguments are also important speaking about deinstitutionalization. The quality of institutional care services is becoming costly. Investment in prevention and community-based care will bring good results in the long run (Švarc, 2015).

Countries across Europe are developing strategies towards community-based support and services. In many countries, community health care services have replaced traditional ones. The number of hospital beds has reduced and institutions have been closed but the pace and change is uneven across European countries. Although many examples show that community-based social services ensure better quality of life and brings more satisfaction than traditional hospital care, institutional care still dominates in the biggest part of Europe (WHO, 2014b). Still there are many evidences that quality social care services are significant part of the social welfare system. One of the goals of deinstitutionalisation is to provide high quality social care and community care and diminish risks caused by this process.

Risk means the potential to lose something of value to a person (Williamson, 2000). The concept of risk is applied in many fields of modern science and technology. Despite that there is still no a well-established vision and universally accepted definition of the principles and fundamental concepts of risk assessment. Risk can be defined as the result of a threat with adverse effects to a vulnerable system (Andretta, 2014). The meaning of risk can be described as calculation of probabilities of events, both positive and negative. Barry (2007) describes that, in case of social work, risk is associated with negativity or adversity; "the relative variation in possible loss outcomes" (Brearley, 1982, p. 82). Barry (2007) also points out at the idea of Stalker (2003) that risk can be attributed to older people's vulnerability. Vulnerability of the elderly means that they physically, materially and mentally rely on their relatives or service providers. The responsibility of social services and social workers as professionals is to solve social problems of such people. They directly face difficulties and must get support. This interpretation of risk in social work is also applicable to the process of deinstitutionalization.

In social work, risk may be both positive or harmful therefore effort must be put to reduce the likelihood of harmful outcomes (Barry, 2007). However, one must be aware of a variety of static, dynamic and external risk factors. Static risk is health, employment experience, educational experience, experience of interacting with public authorities, special needs, family relations. Dynamic risk is substance abuse, traumatic conditions, state policy, local authority approaches, interaction with peers, organizations and institutions, self-concept. External risk is access to public transport, availability of mobiles, internet, lack of personal living space (Barry, 2007).

Three types of risk interact and lead to another speaking about deinstitutionalization of the elderly. For example, a deinstitutionalized person left alone may suffer from social isolation and develop depression which may lead substance (alcohol, medicine) abuse and suicide (McInnis-Dittrich, 2005). In social work it is important to regularly evaluate potential risk and thus avoid accidents. This process is called risk assessment. The WHO defines risk assessment in the following way: "the qualitative or quantitative estimation of the likelihood of adverse effects that may result from exposure to specified health hazards or from the absence of beneficial influences" (WHO, 2004, p. 68). The ability of social workers and other professionals in community care to reflect is a challenge seeking new knowledge of how to improve services and practices. While analysing collected data the study will focus on static, dynamic and external risk during the deinstitutionalization process.

Care is necessary to secure the life of the elderly with mental health problems and other disabilities. The question is who and how to provide care and maintain autonomy in elderly people as long as possible. Care is a holistic concept yet it is often outside policies and practice. It is often difficult to integrate health care and social care. Health, social care and housing are relatively new approaches but their integration is insufficient or even does not exist at all in practice. The boundaries between medical and social care should shifted. The examples of Wales and

Northern Ireland show that joint work of health and social care professionals has not been achieved yet (Phillips, 2007).

The concept of care can be used at both micro and macro levels. At micro level, care means building intimate and professional relationships, at macro level – a social policy that builds and improves the concept of care. In terms of policy, care plays the major role in debates over the future of welfare that has been mainly driven by the models of welfare and demographics in political ideology (Phillips, 2007). For example, the Scottish government states in *A Programme for a Change for 2011-2021* that support and care for older people are the responsibility of the healthcare or social care systems alone but also of families, neighbours, communities and other providers of services including housing. To address this challenge the Scottish government is building an enduring consensus among all society sectors regarding the philosophy of care and support in the community and the ways how that will be delivered (The Scottish Government, 2013).

Long-term social care means not only financial burden on society but also the provision of health and social care, housing and the appropriate environment so as to maintain quality of life as high as possible. Long-term care has always been one of the threats to human existence. Only recently it has been understood as a specific social risk that requires intervention of the welfare policy (Österle and Rothgang, 2010). Several stakeholders, the central and local government, NGOs, private organizations, are involved in the provision of long-term social care for elderly people.

Homecare is provided to the elderly or people with disabilities living in the community. It may range from medical to non-medical services (Newquist, DeLiema, Wilber, 2015). Various studies show that the best option for elderly people is to continue living in their own homes with, for instance, their family, as long as possible before they have to turn to an institution or day-care centre.

Research methods

The paper is based on the qualitative case study on risks while deinstitutionalizing long-term elderly care in Latvia. The study includes analysis of documents and data collected through interviews.

Documents governing the social welfare system in Latvia were reviewed and analysed: the Law on Social Services and Social Assistance which lays down the principles of providing social services and the range of people eligible to receive such services, the Law On Local Governments which lays down the responsibilities of local government for social services, care and support for people living in the area of that particular government, the planning document *Guidelines for Development of Professional Social Work for the Years 2014-2020* as well as the reports of the Central Statistical Bureau of Latvia (CSB).

One state run long-term social care institution where persons with dementia and mental disability are living was chosen for this case study. The supervisor of this institution, two social workers and social work specialists (two carers, one rehabilitation specialist and one organizer of cultural events) were interviewed. To know the opinion of other stakeholders four persons currently caring for their elderly relatives were also interviewed.

Bearing in mind that the issue is sensitive and for self-protection the supervisor and the staff of the institution preferred to remain anonymous. Data were collected through semi-structured interviews (Gochros, 2005) which included four main questions:

- What is deinstitutionalization? What does it mean for the elderly who need long-term social care?
- What is your opinion about the implementation of the deinstitutionalization process in Latvia?
- What are risks while deinstitutionalizing elderly long-term care in Latvia?
- What are the main implications and challenges while deinstitutionalizing elderly long-term care?

Each interview lasted between half an hour and one hour. 10 interviews were conducted in August 2015. Presently about 400 adults aged 18 and over (the oldest clients being a hundred years old) in various health conditions are living in the institution. The respondents, social workers and caregivers, work overtime to make a living. Rehabilitation services are provided by one specialist. One building is old, there is no ventilation system. Various classes and activities for different interest and age group clients taking into account their health condition are held in the new building.

Social care and the deinstitutionalization process in Latvia

The deinstitutionalization process began in Latvia responding to the tendencies in EU states. The planning document *Guidelines for Development of Professional Social Work for the Years 2014-2020* adopted by the government states that it is a political decision to shift from institutional care to independent living of an individual who has been institutionalized. The aim of deinstitutionalization is to provide social services adjusted to clients' individual needs and to effectively manage such services in

the community. Actions for the next six years have been planned. Having implemented this sustainable social care policy each client will be provided with the most appropriate set of social care and social rehabilitation services (Latvijas Republikas Labklājības Ministrija, 2013a). The deinstitutionalization process focuses on the following most vulnerable people groups: institutionalized adults with mental disability (psychosocial and intellectual), children up to the age of 18 years in children's care institutions, children with disability (Latvijas Republikas Labklājības Ministrija, 2013a).

Before the deinstitutionalization process started in Latvia, the needs of clients in social care institutions were identified. Plans for the development of appropriate infrastructure in municipalities with deadlines have been drawn up. Training courses on the quality of services have been planned for social work specialists. Additional measures have been foreseen: institutions should not admit new clients, some branches should be closed. The aim of the deinstitutionalization process is to promote independent living and shift from long-term social care and social rehabilitation in institutions (state, local government or private) to day-care centres, independent living communities (Latvijas Republikas Labklājības Ministrija, 2013a). While planning care in the home or a day-care centre, support staff and services the needs of various client groups, people with mental disorders, children, the elderly, people with physical impairments, prone to crisis, etc., will be taken into account and cooperation with the health care system will be strengthened (Latvijas Republikas Labklājības Ministrija, 2013b).

The Law On Local Governments (Section 15, Paragraph 7) lays down that the local government has to take responsibility for providing its residents with social services. They must "ensure social assistance (social care) to residents (poor families and socially vulnerable persons): offer a place in an old people's home, a place in an educational institution for orphaned and abandoned children, a bed at a night shelter for the homeless, etc." (The Parliament of the Republic of Latvia, 1994, p. 6). However, the provisions laid down in the Law on Local Governments and the real situation differ.

There are 119 municipalities in Latvia but only 68 provide social care in people's homes. In Latvia, such care is provided by 31 NGOs mainly to elderly people with physical disability, rarely – with mental disorders. Some elderly people continue living in their own homes, their usual environment, and receive care. Such services are in demand which is not satisfied because society is ageing, service providers have insufficient capacity and get insufficient funding (Bērziņš, 2015). Demand for care in people's homes is rising, many municipalities have insufficient capacity, and the situation is critical in those areas where the infrastructure is bad and the social service provider is located far from clients. The range of social services significantly differs across municipalities and even within the particular municipality. Provision of social services is not effective and efficient in all municipalities, they are funded insufficiently. The current divide of responsibilities between the state and local government does not encourage them to improve the quality of social services. Small rural municipalities cannot provide and ensure decent living conditions of elderly people living alone. They also face a shortage of qualified social workers. There are cases when relatives refuse to pay for provided social services (Latvijas Republikas Labklājības Ministrija, 2013a).

According to CSB reports, the average old age pension in Latvia is EUR 264.20 (Centrālā Statistikas Pārvalde, 2015). The majority (60%) of pensioners receive pensions below the average (Latvijas Republikas Labklājības Ministrija, 2014b). According to statistics, only 4 981 elderly persons receive care in local state institutions, about 5 000 – in state institutions. About 137 000 elderly persons need institutional care and are on a its long waiting list (Bērziņš, 2015). Care service costs in institutions are rather high in Latvia. Monthly costs per institutionalized person vary from 420 EUR in a municipal institution and from 680 EUR in a state institution (Hailova, 2013).

The social care system in Latvia covers two types of services: those provided in institutions and those provided by local governments and NGOs in the place of residence. Social care regulations are laid down in the Law on Social Services and Social Assistance (Parliament of the Republic of Latvia, 2002). Social care services are defined as a set of measures aimed at providing services in an institution or in the home to address the basic needs of those who uncapable to look after themselves because of old age or functional disability (Latvijas Republikas Labklājības Ministrija, 2014a).

Local governments of Latvia arrange home care in different ways, the availability and quality of home care services differs across regions. The director of NGO Latvian Samaritan Association (Latvijas Samariešu apvienība) reports that 11 600 clients are receiving social services in their home (Bērziņš, 2015). Alternative social care: home care, lifeline button service (currently provided only by NGO), day care centres, short-term social care, independent living communities, short-term care institutions, individual social work with the client, psycho-social

support, social rehabilitation activities, medical rehabilitation elements (Latvijas Republikas Labklājības Ministrija, 2014a).

An alternative to institutional long-term elderly care is independent living communities, a separate apartment or a house where individual care is provided (Parliament of the Republic of Latvia, 2002).

Seeking to improve social care services in Latvia community resources should be used more effectively and efficiently by, for example, building intergenerational partnerships where local governments and NGOs involve pupils and students who volunteer and assist elderly people in their daily chores, involve them in various social, educational, cultural activities, e.g., sports, dancing, crafts, travelling, etc., in the community.

Analysis of the research results

Further the results of this research will be analysed: answers to the main semi-structured questions will be clarified and risks while deinstitutionalizing long-term elderly identified and grouped.

Usually inmates' ability to cope and get on with their daily life are assessed and analysed and potential risks identified before they leave a long-term care institution.

In our research, the first general question was whether respondents know the meaning of deinstitutionalization. The supervisor of the institution and one relative from four interviewed knew, other respondents, staff, did not know. The supervisor noted that some transitional period should be foreseen in the deinstitutionalization process, clients should be helped regain their independent daily living skills, their well-being should be monitored, the local government and local NGOs should be involved. Change is a long process, some transitional period is necessary. All respondents were worried about elderly people's independent living.

Static risk factors

Elderly people discharged from an institution may face difficulties in coping with the day-to-day tasks of daily life, doing everyday housework, maintaining daily personal hygiene: having relied on others for assistance they lose independent daily living skills, forget, for example, to take their daily medication on the right day at the right time. The respondents noted that age and health problems are the main reasons why elderly people are placed in institutional care.

Health care in clients' homes is rather expensive so the biggest part of long-term care receivers as well as their families may not be able to afford it, those who provide unpaid care by looking after an older or disabled family member are at risk of losing their employment. There is a shortage of assistive technology and professional staff, access to the physical and information environment is not always available. Resource scarcity does not allow to speed up the deinstitutionalization process and provide quality services.

The respondents were worried about the ability of elderly people to manage their money, control their spending. Many of them, with mental disorders in particular, have low incomes.

Traditions and relations with family members, the background of a person should be taken into account. The respondents noted that it happened that elderly people were neglected or even became victims of financial, emotional and even physical abuse by their relatives. It is very difficult to notice that in the family because of staff shortage.

Dynamic risk factors

These factors refer to a person's current behaviour and predict it in the future. The respondents emphasised that elderly people with mental disorders experience stress when they have to change their place of living: it is difficult to get used to a new room, find a dining room on another floor or interact with new roommates. Dynamic risk factors are linked to the current behaviour, habits, social ties with carers, roommates, social workers, family members.

The respondents noted that it is a traumatic experience to leave one's own home and move to institutional care, especially chosen not by a person himself. The supervisor of the institution noted that elderly care varies across Latvia's municipalities and depends on the local authority, its budget, available resources, social housing is provided not in all municipalities. The quality of social care depends on how social services are organised in the municipality, on the competencies of the social service department, its staff, other social workers. The situation of the elderly living independently as well as the activity of responsible staff must be monitored.

The interviewed relatives spoke about social care workers' attitudes towards their clients, some physical, emotional, financial abuse, including theft or improper use of clients' money or assets. That shows a lack of trust in social workers. The respondents were worried about the working hours of day care centres and noted that it is problematic to combine their caring role with employment.

Elderly people living alone may feel socially isolated what will lead to depression. Some examples were provided by one respondent, social worker, who was in close contact with such clients. Loneliness

and depression may lead to alcohol abuse and that is very common among the elderly. Drug, sedative in particular, abuse also may result in behaviour change, affect physical and psychological abilities in the future. The social workers and the relatives were worried about the misuse and abuse of prescription drugs: in an institution, their prescription and doses are under the supervision of the staff. It was noted that the elderly may forget to take drugs or overdose. It may be difficult for them to manage their own finances, control their spending bearing in mind that pensions of 60% of elderly people are below the average in Latvia.

A lack of social interaction can change the behaviour of elderly people and make them more vulnerable, change their perception of themselves. The respondents noted that some elderly people start neglecting themselves, become lazy. Depression, stress and laziness very often lead to loss of motivation to seek help from professionals or relatives. Inability to build and maintain interpersonal relationships have a negative impact on their general well-being. A welcoming and inclusive environment may help build and maintain interpersonal relationships outside an institution. Interpersonal relationships, the physical environment, society's attitude to elderly people, social interactions often lead to change in behaviour.

External risk factors

External risk factors are related to the environment where elderly people are living. Both groups of the respondents, the social workers and the relatives, named availability and accessibility of social care services in a medical centre or local medical clinic close to the place of residence. Review of documents and other materials as well as the respondents' answers showed that the infrastructure is not sufficiently developed in all municipalities, and the quality roads is poor in some of them.

The respondents (relatives) doubted whether they will be able to get medical help on time and that will not put their relatives at risk. They also said that while caring for their family member they have to take unpaid leave or work part-time and thus put their families at financial risk. One respondent recalled that he had to do so when his child got ill. As for caring for an old relative, that is not provided by the Law on Social Insurance (1998).

To deliver services, care and support that meet the needs of older people health and social care must be integrated. Problems arise when the systems do not work together. The staff also mentioned that sometimes doctors do not pay enough attention to elderly people's, with dementia in particular, complaints, ignore them.

Accessibility, availability and affordability of public transport services that meet the needs of elderly people is also problematic in some municipalities, roads in rural areas are in poor condition. Sometimes the use of public transport in cities is not clear.

The use of modern technology, such as a mobile phone, electric appliances, the internet, is one more issue. The respondents noted that some elderly people can, others cannot use a very simple mobile phone but very many cannot use the internet, bank cards or pay their bills via the internet and rely on help of a carer. Some living in their own homes do not use such services, others rely on help of their relatives or a carer, those living in an institution do not need such knowledge. In general, an institution may or may not develop IT skills.

Alcohol misuse among older people and its negative affect on their health and well-being was noted by the respondents. Easy access to alcohol of all kinds, in every supermarket and small shop close to a long-term care institution, may put an elderly person at risk of becoming an alcoholic. The respondents proposed to move liquor stores to the outskirts.

Discussion

Deinstitutionalization of long-term elderly care in Latvia is a controversial issue. Despite documents that reveal the positive side of deinstitutionalization, many questions need to be answered. The data collected through interviews show some doubts regarding this policy and its implementation in Latvia. For example, the respondents wanted to know: Will elderly people be able to choose their new place of living? What will happen to those who need care in a long-term care institution? What are the main principles of developing social services in the homes of clients? How will the improvement and availability of social services in the local community be achieved? How will the infrastructure be improved? How will those who need long-term institutional care re-admitted to an institution?

Document and interview analysis shows that availability and accessibility of community-based social services is uneven across the municipalities of Latvia. Relatives were worried how to combine care and their own employment, how to provide care, collaborate with professional service providers and NGOs, all procedures are long and not clear, home care is very expensive, it is risky to leave elderly people with mental disorders unattended, it is difficult to find a part time job, health and social care are insufficiently integrated, it is not clear how health care can be accessed, how community-based care will be monitored.

Currently the financial burden of social services is divided between the central and local governments, additional costs are paid by a person himself. No compensatory mechanism has been foreseen if a person is lacking funds. Both health and social care services need additional funds. The best solution to the problem is coordinated and integrated health and social care services.

Conclusions

Elderly people are not the priority carrying out the deinstitutionalization process initiated by the Ministry of Welfare of the Republic of Latvia, it focuses on children and persons with disability. Analysis of documents on deinstitutionalization and the current social welfare situation in Latvia allows to conclude that the deinstitutionalization process will affect those elderly who will need institutional care in the future. Interviews with the stakeholders and statistical data confirm that demand for social services will grow. Documents define deinstitutionalization but do not provide how it will be implemented in Latvia.

The opinions of social work specialists and those caring for their elderly relatives differ: the first hold that care provided in one's own home by his relatives or professionals is the best social care meanwhile the latter argue that it is risky to leave an elderly unattended, home care is available part of the day, is costly, unavailable in every municipality, they put at risk their own career and financial stability. Deinstitutionalization should not be seen as the cost saving measure. Comprehensive community-based services accessible to the population are usually more expensive than institutional care.

The study shows that risks exist living in a long-term institution and living in one's own home. The identified risks were grouped by risk factors. The first group is static risk factors, depend on life experience, health condition and age and interfere with activities of daily living. The second group is dynamic risk factors and are related with the current behaviour. The last group is external risk factors and are related to the environment elderly people are living.

Provision of long-term care is a complicated issue, it requires change in the attitude towards health and social care, in the system and in public concern, lack of all that may lead to unfulfilled expectations and negative outcomes. Latvia should learn from other countries' experience.

Data on the socio-economic situation in Latvia provided by CSB, NGOs and the World Bank show that the deinstitutionalization process has to take a different course but more in depth research is needed. It must be taken into account that, firstly, social care funding in Latvia is lowest in the EU and, secondly, social care services are provided to only a small part of those who need them.

The unemployment rate in Latvia is low, it ranks in the middle by the Active Ageing Index, but shows poor results in independent and healthy living.

Shifting to community-based services health and social care specialists should be willing to change, political support at the highest and broadest level as well as additional funding must be provided, health and social care work coordinated, team work of social and health care specialists ensured, the responsibilities of the central and local government shared.

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Риски деинституционализации: ситуация с долговременным социальным уходом за престарелыми людьми в Латвии

Резюме

Старение населения и увеличивающаяся потребность в услугах социальной опеки являются одним из самых больших вызовов XXI века в сфере политики социальной опеки. Во всех странах Балтии доля пожилых людей составляет примерно 20 % от всего населения. Старение, социальные проблемы и проблемы с ухудшением здоровья пожилых людей повышают потребность в социальном уходе, особенно в институциональном долговременном уходе. Средняя продолжительность жизни в Латвии является низкой (предпоследняя позиция по данному показателю в Европе). В Латвии примерно 60 000 человек в возрасте 50-64 лет имеют инвалидность, но только 1/10 часть из них обслуживаются в условиях стационара. Согласно докладу Всемирного банка от 2015 года, в Латвии наименьшее среди 28 стран ЕС количество средств направляется на связанные со старением расходы (на пенсии, здравоохранение, долговременный уход). В Латвии 119 местных самоуправлений, но только в 68 из них обеспечивается социальный уход для клиентов на дому. Социальный уход на дому в Латвии предлагают 31 неправительственная организация (НПО).

Предметом интереса авторов данного исследования является следующее: ситуация с системой социального ухода в Латвии; процесс деинституционализации в Латвии; риски процесса деинституционализации с точки зрения различных заинтересованных лиц, вовлечённых в долговременный социальный уход, принципиальные условия и вызовы, связанные с процессом деинституционализации и долговременным уходом за пожилыми людьми.

Цель настоящей научной работы - выяснить риски процесса деинституционализации для пожилых людей, нуждающихся в долговременном уходе. Мы поставили перед собой следующие задачи: сделать обзор статистических данных и ситуации с долговременным социальным уходом пожилых людей в Латвии; сформировать теоретические основы для создания концепции в отношении рисков деинституционализации при долговременном уходе за пожилыми людьми; охарактеризовать метод исследования; проанализировать результаты; инициировать дискуссию.

Теоретической базой настоящего исследования послужили три основные концепции: деинституционализация, риск и уход. Деинституционализация – это концепция, предусматривающая предоставление поддерживающей терапии и лечения социально зависимым и нуждающимся в долговременном уходе людям в обществе, а не в общественных институциях. Риск потенциально имеет как положительную, так и пагубную природу, что даёт работникам свободу выбора при поддержке принятия риска среди групп клиентов. Риск также гарантирует принятие всех усилий для уменьшения вероятности пагубных результатов. Исследование предлагает типологию рисков деинституционализации для пожилых людей при долговременном уходе. Факторы риска бывают статичными, динамическими и внешними. Уход – это глобальная концепция человеческой жизни. Он зачастую трактуется политиками и на практике.

В данном научном труде применялся метод качественного анализа конкретных ситуаций риска

деинституционализации для жизни пожилых людей в институциях долговременного социального ухода в Латвии. В исследовании использовались два варианта сбора и анализа данных: рассмотрение документов и анализ интервью. В августе 2015 года мы провели 10 интервью с представителями персонала учреждений долговременного ухода и родственниками пожилых людей. Использовались частично структурированные интервью.

Работа с документами была направлена на анализ документов, касающихся социального ухода и процесса деинституционализации в Латвии. Процесс деинституционализации фокусируется на социально незащищённых группах населения Латвии: на взрослых, имеющих инвалидность вследствие психических нарушений и помещённых в лечебные институции (с психическими и интеллектуальными нарушениями), на детях до 18 лет, проживающих в детских учреждения опеки, а также на детях с инвалидностью. Наличествует несоответствие между положениями закона «О самоуправлениях» и реальной ситуацией. В качестве дополнительной меры планируется прекратить размещение новых клиентов в учреждениях опеки посредством закрытия отделений общественных центров социального ухода. Система социального ухода в Латвии предполагает два типа услуг: услуги социального ухода в институциях и услуги социального ухода, предоставляемые местными самоуправлениями и НПО по месту проживания. Анализ интервью и документов доказывает, что доступность и качество долговременного ухода или общинного ухода в Латвии в различных местах очень отличаются.

Анализ интервью показывает, что статичные факторы риска деинституционализации, т.е. возможность организовать повседневную жизнь, могут возникнуть у тех пожилых людей, которые уже проживают в институциях. Родственники, которые заботятся о пожилых людях, рискуют стать безработными. Услуги по уходу на дому постоянно дорожают. Этот подход должен обеспечить независимое существование в соответствии с необходимой технической помощью, доступной средой, услугами персональной помощи, базирующимися на специфических потребностях человека.

В свою очередь, существуют динамические факторы риска для пожилых людей с психическими нарушениями, которые нуждаются в длительном периоде адаптации. Для данных пожилых людей смена привычной среды станет травмой. Не всегда новое место проживания выбирает сам пожилой человек. Не в каждом местном самоуправлении имеются жилые площади или социальное жильё для пожилых людей. Родственники обеспокоены отношением со стороны специалистов по социальному уходу. Пожилые люди, которых выселили из институции, могут страдать от одиночества или депрессии.

Внешние факторы риска деинституционализации сводятся к невозможности доступа для пожилых людей к ближайшему медицинскому центру, центру социального ухода или клинике. Доступность служб социального ухода очень сильно зависит от инфраструктуры. Родственники вынуждены уходить в неоплачиваемые отпуска, чтобы доставить пожилого человека к врачу. К внешним факторам также относятся возможность пользования общественным транспортом и владение современными технологиями.

В заключение, пожилые люди не являются приоритетом в проводимой правительством Латвии политике деинституционализации, которая в основном фокусируется на детях и людях с инвалидностью. Тем не менее, на основе анализа документов относительно текущей ситуации с деинституционализацией и социальным уходом в Латвии можно сделать вывод, что процесс деинституционализации коснётся тех пожилых людей, которые в будущем будут нуждаться в размещении в институциях долговременного социального ухода. Родственники не знают, как планировать свой день, чтобы иметь возможность ухаживать за пожилыми людьми, как организовать данный уход, как сотрудничать с социальными службами и НПО. Отсутствует объяснение того, как планируется проводить деинституционализацию в Латвии. Имеются разногласия по этому вопросу между специалистами по социальному уходу и родственниками пожилых людей, которые нуждаются в ежедневной постоянной опеке.

Деинституционализация не должна рассматриваться как процесс сокращения расходов. Исследование показывает, что для пожилого человека имеются риски как при проживании в институциях долговременного ухода, так и при самостоятельном проживании после выписки из них. Нередко деинституционализация может сопровождаться отказом от прежних убеждений и социальным безразличием, что приводит к явному несоответствию между ожиданиями и результатами. Должно быть налажено предоставление услуг по месту жительства, работники сферы здравоохранения и специалисты по социальному уходу должны предоставлять качественные услуги, в этом широкая политическая поддержка на самом высоком уровне и дополнительное финансирование призваны сыграть решающую роль. Проблема координирования медицинского обслуживания и социального ухода также должна решаться путём совместной работы специалистов в сфере здравоохранения и социального опеки. Для успеха процесса деинституционализации местные самоуправления и правительство страны должны принять на себя ответственность за наличие и доступность услуг по социальному уходу в сельской и городской местности.

Ключевые слова: деинституционализация, пожилые люди, риск, долговременный уход, общинный уход.