



I E G U L D Ī J U M S T A V Ā N Ā K O T N Ē



Sabiedrībā balstītu sociālo pakalpojumu satura, pieejamības un ietekmes uz sociālo atstumtību izvērtējums pirmspensijas un pensijas vecuma personām un personām ar garīga rakstura traucējumiem

**Assessment of the content, accessibility and impact on social exclusion
of community based social services for pre-retirement and retirement-age
persons and persons with mental disabilities**

Summary

1. Study “Evaluation of the content, accessibility and impact of community-based social services on persons of pre-retirement and retirement age and persons with mental disorders” was carried out with the support of the European Social Fund technical assistance project “Ensuring the evaluation of Cohesion Policy funds to create an evidence base for results-oriented and effective EU funds for planning and making investments in the Latvian economy”.
2. The purpose of this study is to provide an evaluation of content, type of provision, accessibility, and impact of community-based social services on the quality of life of persons with mental disorders, persons with multiple disabilities and persons aged 55 and older, and to propose targeted measures to improve the availability, impact on quality of life, efficiency, and sustainability of the mentioned services in Latvia.
3. Target groups include (1) persons with mental disorders, with priority being given to those with severe and very severe disorders; 2) persons with multiple disabilities; (3) persons of pre-retirement and retirement age. In addition, this study concerns informal carers (including family members of the target

groups), community-based service providers, representatives of social services, planning regions and the Ministry of Welfare.

Quality of life

1. The evaluation analysed 37 of the world's most popular methods and tools for measuring quality of life, developed, or adapted specifically for people with mental disorders.
2. All the evaluation methods analysed in this study have identifiable shortcomings. They do not consider person's specific individual circumstances or the characteristics of the target group, for example, changing opinions, which are often influenced by external environmental or personal circumstances.
3. Three quality of life assessment methodologies were evaluated and tested among 3 representatives of target groups - The Comprehensive Quality of Life Scale; World Health Organization Quality of Life (WHOQOL); Subjective quality of life evaluation instrument.
4. The WHOQOL-DIS-ID tool developed by the World Health Organization was chosen as the most appropriate quality of life assessment tool for persons with mental disorders, which was translated into Latvian, supplemented with a rating scale to measure quality of life in time dynamics, and translated into easy read language.
5. WHOQOL-DIS-ID tool was tested in a pilot study involving 28 institutionalized target group representatives and 37 target group representatives that live in society.
6. The results of the pilot study indicate that the representatives of the target group living in the society have similar assessments of quality of life as those living in institutions.
7. The methodology chosen for the Latvian situation is also applicable to the assessment of the quality of life for persons over 55 years of age, as it has a specially developed module for older people - WHOQOL-OLD.
8. In the future, it is recommended to use WHOQOL-DIS-ID as an additional tool to measure the impact of policy measures in time dynamics.
9. Steps required for the implementation of the method:
 - a. Organize discussions with stakeholders (users of the method and the gathered results) to evaluate the usefulness of the methodology, practical aspects, and optimal development scenarios of the administrative process.
 - b. Determine the regulation that oversees the procedure for measuring the quality of life for persons with mental disorders, and the priority situations when the quality-of-life assessment is mandatory, for example, when a person is moving from an institution to living in society.

- c. Acquire the agreement of the World Health Organization about the use of WHOQOL-DIS-ID by submitting a statement on the use and its conditions and a request to interpret the questionnaire and its manual into Latvian.
- d. Provide informative, educational and coordination measures to municipal social services about the process of measuring the quality of life using WHOQOL-DIS-ID. Establish a single data collection site so that the results of individual evaluations can be used quickly and as a part of policy measures.
- e. Ensure that the quality of life in the selected target groups is measured both before policy interventions and annually thereafter.
- f. To improve the methodology for obtaining more accurate information and more convenient use of the gathered data evaluate changes in the quality of life and the measurement process.

Support Intensity Scale

1. This study evaluated how adequately the Support Intensity Scale assesses the individual support needs of persons with mental disorders, how qualitative the individual support planning based on these assessments are, and in this method adequate for use in Latvia.
2. To find out whether the Support Intensity Scale is appropriate for use in Latvia, a survey of 7 out of 40 users of Support Intensity Scale, who evaluated institutionalized persons with mental disorders within the deinstitutionalization process and interviews with Ilze Kurme, project manager of the Department of Social Inclusion and Social Work Policy of the Ministry of Welfare, and Ieva Krusta, executive director of the Association “Rīgas pilsētas “Rūpju bērns”” were carried out.
3. Currently there are no alternatives to Support Intensity Scale in Latvia that would be able to fully perform its functions. The development of a new, high-quality national tool would be cost-effective and without significant benefits.
4. The Support Intensity Scale is suitable for use in Latvia, and its use in Latvia must be continued.
5. Recommended steps for implementing the method:
 - a. Use for the evaluation of persons with mental disorders who are institutionalized but plan to re-enter society, and for persons with mental disorders who live in society but need an individual support plant.
 - b. Use one of the following approaches to coordinate/use the method:
 - i. Outsourcing, under the auspices, that social work specialists from some municipal Social Services and/or community-based social services are the contracted Support Intensity Scale users.
 - ii. Outsourcing, an impartial team of social work specialists/interviewers are contracted for the evaluation process.

- iii. A service provided by the employees of municipal Social Services, if it can be ensured that the social worker does not evaluate more than 180 or less than 100 clients annually.
- iv. Provide informative, methodological, material, and technical base for Support Intensity Scale users throughout Latvia.
- v. Improve the translation of Support Intensity Scale, paying particular attention to the relevance of sections evaluating employment and education and their relevance to Latvian situation.
- vi. Improve the data system used to collect Support Intensity Scale data and develop individual support plans and use the data in policy planning processes.

Community – based social services

1. In-depth interviews were conducted with 11 stakeholders and 25 target group representatives. The study also included 2 focus group discussions with stakeholders and 3 discussions with target group representatives, 3 stakeholder surveys - formal caregiver / family member survey (18 respondents - 10 formal carers, 8 family members); survey of community-based social service providers (35 respondents); social services survey (72 respondents).
2. To successfully identify the views of persons with mental disorders regarding the quality of community-based social services.
3. Several unmet needs are typical throughout Latvia and have been identified as significant during the assessment:
 - a. For people with severe autism spectrum disorders, existing services do not provide for their need for repetitive daily activities and the improvement of social skills.
 - b. Persons with very severe mental and multiple disorders cannot participate in all activities provided by the community-based social services due to their disorders.
 - c. People with mental illness and 'non-traditional' behaviours have limited access to and no specifically designed community-based social services.
 - d. Existing services for people with dementia do not meet their needs for socialization outside their family.
 - e. People over the age of 55 need increased support to be able to enter the labour market.
4. According to the primary research data, the most adequate community-based services for persons with mental disorders are assistant services, specialist counselling and individual support, home care, day care centre, and support person services.
5. Assessments of the most inappropriate community-based services are situational.

6. It is necessary to improve the capacity and quality of community-based services by providing staff with training, differentiated education, and remuneration.
7. Municipalities do not directly collect data on persons over 55, persons with multiple disorders, persons with autism spectrum disorders, and persons with mental illnesses, as well as services provided to these groups.
8. The availability and diversity of community-based social services are limited to both persons over 55 years of age and persons with multiple disabilities. Assistant, home care, specialist counselling, and individual support services were assessed as the most accessible and appropriate. The provision of these services is regulated by law.
9. The community-based social services infrastructure created within the deinstitutionalization process measure will significantly improve the accessibility of community-based social services for persons with mental disabilities, but the expected demand can be assessed as at least as high.
10. Physical availability of service premises, working hours, and staff communication skills with customers are rated as the most qualitative aspects of the provision of community-based social services.
11. For people over the age of 55, the biggest barrier to accessing services is financial capacity and support.
12. Primary research suggests that demand for community-based social services from people with severe and very severe mental disorders and multiple disorders, as well as from people over 55, is rare.
13. Representatives of target groups and their family members are not aware of the community-based social services that are best suited for their need and their usefulness.
14. According to expert assessments, persons with mental disorders should not be deinstitutionalized only to tailor-made services but included in mainstream social, educational, cultural, etc. services. However, there is a need to raise the competence and capacity of support persons that must participate and assist if required.
15. NGOs provide half of the community-based social services targeted at persons with mental disorders and persons of retirement age.
16. NGOs and private services are the largest providers of specialized workshops - 93%, group homes (apartments) - approximately 50%, day care centres for people with mental disorders - approximately 50%, "care homes" for people of retirement age - approximately 50%.
17. The main obstacles to the availability of community-based social services in rural areas are the limited availability of specialists (including social workers), accessibility of transport, and access to the customers.
18. It is necessary to re-evaluate the availability, adequacy of community-based social services after the implementation of the regional reform and Deinstitutionalisation plan 2017-2020.
19. There is a need to improve the capacity and quality of community-based social services.

20. The infrastructure of community-based social services must be purposefully developed based on demand and the existing provision of services.
21. There is a need to provide information on rights, support, and services for persons of pre-retirement and retirement age, emphasizing the recognition/management of active lifestyles and aging processes.
22. There is a need to ensure the accessibility of State Employment Agencies support/counselling, training/retraining measures, and participation in motivational programs aimed at promoting employment for persons of retirement age who do not work but want to work.
23. Create a "basket" of services for people of retirement age who are unable to take care of themselves, which includes social, health, and rehabilitation services.
24. Within the available resources, the community-based social services should involve medical staff for observation and monitoring of the client's health in his environment.
25. There is a need for development of services aimed at promoting the succession of community-based social services - supported work, social enterprises focused on labour integration.
26. There is a need to develop service apartments with temporary support for people with mild intellectual development and/or psychosocial disabilities.
27. Continuing the development and establishment of community-based social services for persons with mental disorders and give priority to services evaluated as the most appropriate.
28. An essential precondition for the effective development of integrated care is the improvement of the information exchange system between the professionals involved in care.
29. At the individual level, it is recommended to use individual care and rehabilitation plans as a basis for planning and implementing integrated care.
30. Integrated care for persons with intellectual disabilities and persons with psychosocial disabilities should be planned separately because of the differences in the needs of these target groups.