

UNECE Policy Seminar on Ageing

Quality in Long-Term Care



BACKGROUND PAPER



Population ageing and growing longevity have been continuously increasing the demand for long term care and for skilled care professionals in the UNECE region. To prepare for this surge in demand, long-term care services need to be continually expanded and adjusted, to be able to maintain high quality while securing access for all. Apart from ensuring access to appropriate care, it is equally important to uphold the dignity and highest possible level of autonomy and self-determination of older persons across long-term care settings.

On November 23, 2022, the Population Unit of the United Nations Economic Commission for Europe (UNECE), in collaboration with the Standing Working Group on Ageing (SWGA), held a policy seminar on the topic of quality in long-term care. It aimed to provide space for discussion and experience exchange between members of the SWGA and other stakeholders, reflecting on the main determinants of quality in long-term care, some of the key associated challenges, as well as mechanisms and tools for quality assurance.

The present document was prepared as a background document for the policy seminar. It presents a compendium of policies and initiatives by member States of the UNECE that address the challenge of improving quality in long term care using different policy instruments.

The document was prepared by the Population Unit of UNECE and benefited greatly from the submission of many member States. The Population Unit would like to express their gratitude to member States for providing input for this publication.

Further information on the policy seminar can be found on the [homepage](#).

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In the opening session of the seminar, Dr José Luis Fernández, Director of the Care Policy and Evaluation Centre (CPEC) at the London School of Economics, provided a conceptual overview on quality in long-term care, highlighting determinants, implications, and key challenges for achieving and maintaining quality in care services.

Dr Fernández started his talk by defining the role of social care as the non-medical support provided to people with needs arising from mental or physical health problems and which impact on the individual's capacity to carry out their lives in the way they want. Overall, social care aims to improve individuals' wellbeing by helping them with different aspects of their life, including personal care related activities, and providing individuals with opportunities to socialise or to carry out desired activities, such as travel and hobbies.

Due to the often intimate and personal nature of the support provided by social care, Dr Fernández stressed the importance when assessing care quality of user empowerment (e.g., the extent to which individual preferences regarding the types and organisation of support are reflected in care decisions), and the vulnerability of many individuals supported by social care services. As a result, Dr Fernández pointed out, the "best" care package for two individuals with similar needs might be very different due to differences in their individual preferences. Furthermore, he stressed that social care often involved receiving care over a long period of time, thus making aspects of the care process and in particular the quality of the relationship between caregiver and the cared for person and good coordination between care services very important.

Dr Fernández also highlighted the challenges for assessing social care quality which are often posed by the types of health problems faced

by social care users, which mean that little prospect of improvement in health status can be expected even if the care received is as good as it can be.

Dr Fernández then discussed several important conceptual approaches for the measurement of quality in social care. First, he distinguished between individual service user level and care provider level quality indicators. Individual service user level indicators include quality indicators that focus on either:

- **Final outcomes:** these are often referred to as Person Reported Outcome Measures, or PROMs, and they aim to measure the impact of services on quality of life/wellbeing (see for instance the Adult Social Care Outcomes Toolkit (ASCOT) and ICEpop CAPability measure for Adults (or ICECAP-A))
- **Care processes** related to the quality of the service. These are often referred to as Person Reported Experience Measures (PREMs) and capture self-reported indicators describing user experience of particular services (e.g., continuity of care, caregiver attitude, timeliness of care etc.).

Regarding care provider level indicators Dr Fernandez described differences between measures of structural provider characteristics (e.g., staff/user ratios, staff qualifications, room sizes, proportion of single occupancy rooms) and measures of the quality of management, e.g., food hygiene ratings, staff retention rates, frequency of change of care home manager.

Measures of final outcomes aim to summarize the impact of social care services on different dimensions of wellbeing, including risk of harm, activities of daily living, autonomy, and health status. Generating an overall measure of final outcome therefore requires a method for aggregating scores across different dimensions of wellbeing. Often, tensions can exist between

specific dimensions (e.g., between reducing risk of harm and increasing independence). According to Dr Fernandez, two strengths of PROM quality indicators in social care are that these describe the ultimate intended goals of the services provided and that they can be used to measure and compare quality across different services. However, their interpretation can be challenging as final outcomes are also determined by factors unrelated to social care, and in particular because they are negatively correlated with the needs of service users. Collecting data on final outcomes can be resource intensive as it requires surveying care users and translating outcome measures into service actions is not easy.

With regard to PREMs, they focus on users' perceptions of the care process and describe specific aspects of the way the care is delivered. They can be used to identify specific shortfalls in the care process. However, collecting PREMs requires surveying care users (like PROMs), they are unsuitable to compare (quality) between different services, and their observed levels are also affected by the needs of service users (so their analysis requires a standardization of results according to service users' characteristics).

With regard to using provider characteristics as quality indicators, which focus on structural properties of providers (e.g., room size or number of beds) and have been found to be associated with some variations in quality in several studies, Dr Fernandez pointed out that those would be difficult to apply for home care services which do lack most of the physical attributes of institutional care. Provider management and staffing are two dimensions that have been found to be positively associated with quality of social care.

In general, according to Dr Fernandez, a trade-off exists when measuring quality of social care between indicators that are easier to measure (such as structural provider characteristics) and indicators which capture the ultimate aim of services such as final outcome measures, which

are more difficult to measure, but more strongly associated with wellbeing and quality of life.

With regard to policies aimed at guaranteeing minimum quality standard for social care, Dr Fernandez pointed out the risk that an exclusive focus on minimum standards can limit incentives for providers for continuous quality improvement, as the experience of some countries has shown. Therefore, a combination of minimum standards and policies aimed at incentivising continuous improvement are likely to be required.

Dr Fernandez illustrated some of the concepts discussed above with the example of the Care Quality Commission (CQC), the care quality regulator in England, and which in addition to 13 quality standards, assesses provider quality according to five dimensions: safety (a person is protected from abuse and avoidable harm), effectiveness (the care, treatment and support achieves good outcomes, helps a person to maintain quality of life and is based on the best available evidence), caring (staff involve and treat the care recipient with compassion, kindness, dignity and respect), responsiveness (services are organised so that they meet the needs of the care recipient), well-led (the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individuals' needs, that it encourages learning and innovation, and that it promotes an open and fair culture).

Dr Fernandez furthermore discussed the incentives on care providers and care. Markets generated by quality information. First, public reporting of quality indicators of different services, according to Dr Fernandez, may lead to greater demand for the best quality providers and thus motivate providers to improve their quality. However, as the example of the United Kingdom would have shown, more competitive care markets may lead to lower prices and lower quality as a result. While limited evidence exists that private individuals use published quality

information when choosing care providers, some evidence suggests that public reporting on quality measures may have reputational effects that care providers pay attention to.

In conclusion, according to Dr Fernandez, it is challenging to properly collect, present and understand information on quality in social care, especially also when it comes to using this information for improving services. Furthermore, different measures of quality have different purposes, while also the financial

and time costs of quality monitoring should not be underestimated. Dr Fernandez concluded by stressing that quality monitoring systems should match the preferences, development and structure of the care system, but that some measurement of final outcomes would be required in order to understand the extent to which the social care system achieves its key goal to improve the wellbeing of service users and their carers.

Meeting the workforce resource needs of high-quality long-term care

Session I focused on strategies to improve the quality of long-term care by investing in professional health and social care workers (working conditions, training etc.), and by considering their diverse needs and perspectives (mental and physical health, immigration/visa support for migrant care workers, specialized support for older care workers, etc.). The session also provided space for discussion on care workforce shortages and for presenting country experiences in attempting to increase the availability of qualified personnel. It focused mainly on the following three overarching themes, based on case studies from different countries.

Addressing the staffing needs

The increasing request of qualified professionals working in long-term care services and complementarily the progressive ageing of the workforce already employed in the sector are increasing the need for new personnel. Some countries in the region addressed the problem introducing specific provisions to ensure availability of qualified care workers.

Norway developed a Competence Plan aiming to enhance the condition of workforce in long-term care. The plan, lasting in the period 2021 – 2025, aims to strengthen the recruitment of new employees. Moreover, it is focused on investing competences and professional development in municipal health care services, nursing and care services, social care and mental care services .

Answering to staffing needs in rural areas, **Latvia** introduced measures for attracting medical practitioners (doctors, nurses, nursing assistants, physiotherapists, medical assistants, etc.) to remote regions. Additionally, vocational

training has been provided increasing the number of care workers to be employed in specialties related to demand for health services in line with the population's ageing trends.

A university pathway has been introduced to provide the nurses with additional competencies such as the ability to independently diagnose patient needs, the possibility to be consulted independently and the ability to independently ensure the quality of patient care, assess and analyse it, in order to pursue an integrated patient-centred healthcare system. By providing more competences and more independent practice rights in the general care, a faster access to the labour market for nurses can be promoted and mobility within the profession can be facilitated, thus a gradual improvement in the quality and availability of nursing care is expected.

At the beginning of 2022, Latvia launched a project pointing to the development of a Health Workforce Strategy. The project will be developed by Ltd. “Ernst and Young Baltic” in close cooperation with the leading health sector institutions and professional organisations. Within the framework of the “Health Workforce Strategy in Latvia” it is intended to analyse the current Latvian health-care workforce planning system, as well as to model the supply and demand of future health workers, thereby providing evidence-based, high quality and efficient planning of the health-care workforce in Latvia .

The staff shortage has been addressed in **Belgium** by the Flemish community, through the action plan “Werk Maken van werk”. The plan supports people that want to pursue a second career in the health care sector, both

for people inside and outside the sector, and for professionals and non-professionals, regardless of their level of education. Other measures include introducing the care sector to young people, career orientation, and the recruitment of social or care workers from abroad.

In **Austria**, a study regarding staffing needs is currently being carried out. The aim of the study is, in a first step, to show and compare approaches for assessing the staffing need in the area of residential and semi-residential long-term care, to identify risks and pitfalls and to estimate the chances of success/prerequisites for implementation of a uniform nationwide approach.

In March 2022 **Ireland** convened a cross-departmental Strategic Workforce Advisory Group to examine, and formulate recommendations to address, the challenges in front-line carer roles in the home-support and long-term residential care sectors. The Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants (October 2022) provides an overview of the Group's work and key findings and presents 16 recommendations spanning the areas of areas of recruitment, pay and conditions of employment, barriers to employment, training and professional development, sectoral reform, and monitoring and implementation. The recommendations were all accepted by the Minister for Mental Health and Older People and their implementation is in train.

In **Malta** the government recently adopted the Health Workforce Strategy 2022-2030 – Supporting and Empowering the Health Care Workforce. The strategy sets out the overarching priorities and plans for building the future health workforce for the Maltese Public Health Service. It offers a strategic pathway for building the system necessary to support, strengthen and enable the country's workforce to deliver sustainable, patient-centered healthcare into the future. The Health Workforce strategy aims to enhance equity by ensuring a distribution of health workers which is equitable and serves all

the population including marginalised groups. The strategy invests in the current and future workforce while using research and technology to inform and increase efficiency in health work force management. It is thus designed to: address long-term challenges such as the ageing population, fluctuating demands and dynamic technological advancement; consider educational pathways and timeframes for skills development; and be supported by an effective and sustainable funding environment. The scope of the strategy includes the strategic planning of the workforce delivering and/or supporting direct patient care across the Maltese National Health Services. The strategy aims to promote the continuing growth of a capable, responsive and sustainable health workforce for Maltese Public Health Workforce and builds on contemporary approaches to workforce planning and management, engagement and retention. Specifically, with regard to staffing needs the strategy aims to ensure that easily accessible data is available to facilitate data collection required for HR planning and forecasting.

Addressing the training needs of the care workforce

Skill requirements of the workforce is one of the drivers to ensure high level of quality in long-term care services. Different countries in the region enhance the competencies of formal and informal carers by investing in training.

In 2020, **Canada** launched the Long-Term Health Care pilot project to help address labour shortages in long-term care homes and home care by: testing a new recruitment and training model for supportive care assistants (including online training, work-integrated learning and micro-credential) developing a pathway to assist new workers to upgrade their micro-credential to a full certificate to pursue career advancement and exploring how to improve consistency across the sector with respect to training programs, work requirements, and core competencies, with a goal of creating common standards.

The Central Asian Gerontology Centre in **Tajikistan** is engaged in improving the quality of life of older people in Tajikistan at a methodological level. Trainings for care workers were carried out as part of a pilot project. Educational activities were provided and methodological materials on illnesses and features of care for older persons were distributed. Several manuals on the features of course and treatment of diseases affecting older people have been published to improve professional skills of gerontologists. Seminars on the prevention of burnout syndrome of the staff were held on a regular basis. For social workers and nurses the staff of the Central Asian Gerontological Center conducted seminars and published methodological manuals on the specifics of work with older people and the prevention of burnout syndrome.

In **Germany** the training to become a care professional has been fundamentally reorganised under the Care Professions Act. A three-year general care training course, recognised across the EU, provides future professional carers with the necessary specialised knowledge. The absence of tuition fees, the guarantee of claiming an appropriate training allowance and the possibility of higher-level care training make the training course more attractive. In order to ensure sufficient training facilities and to increase the number of trainees, a Vocational Training Initiative for the Care Sector (2019-2023) was launched, accompanied by a nationwide public relations campaign. A Concerted Action for Nursing has been introduced in 2018 by the Federal Ministry of Health, Federal Ministry of Family Affairs, Senior Citizens, Women and Youth and the Federal Ministry of Labour and Social Affairs. It created the basis – in consensus with the relevant actors for gradually improving the conditions under which care professionals work. It aims to motivate more people to enter or return to this responsible profession or to increase their contractual working hours. Numerous measures were agreed upon with the relevant actors in 2019 that cover training,

personnel management, occupational safety, promoting health, innovative care methods, digitalization, acquiring of care professionals from abroad and wage conditions in the care sector. The partners of the Concerted Action for Nursing continued to work on the agreed measures during the COVID-19 pandemic as well.

Sweden decided to invest in upskilling training for carers in long-term care services. Both new and existing personnel are to be given the opportunity to train as a nursing assistant or assistant nurse in paid working time. Staff can obtain further training through skills-enhancing training courses in the health and social care of older people, in addition to being given the opportunity to train as an assistant nurse or nursing assistant.

In 2022, the **Austrian** government presented a care reform package, which included providing the federal states with additional financing as a way of support regarding training of nursing staff. This measure aims to make education in the nursing sector more attractive and to prevent the predicted staffing shortage.

In **Slovenia** staffing needs in long-term care are being addressed by recently opening a 2-year call for tenders to promote professions in long-term care. Besides promoting professions in the long-term care sector, the tender aims to generate proposals for measures that become the subject of strategic documents in the field of long-term care, which plan and implement the promotion of professions in the field of long-term care in the near future.

In **Malta** the recently adopted Health Workforce Strategy 2022-2030 – Supporting and Empowering the Health Care Workforce (see more details above) sets out to collaborate with the Ministry for Education to address demand & supply related strategic objectives by ensuring that the Ministry for Health is represented in those fora where Educational Institutions develop Health Care related courses, by developing and fostering training and education networks that support health

workforce development, by leading discussions with Educational Institutions aimed at filling the gaps where acute shortages exist and by liaising with Educational Institutions in addressing skill gaps through further training.

To raise awareness and enhance the capacity of the system prevent elder abuse, the Active Ageing and Community Care in **Malta** is planning a set of training sessions. Seminars will be held for older persons living in the community, older persons living in residential homes for the elderly and healthcare workers working with older adults. The seminars will include speakers from different entities including social workers working with older adults, representative from the Police Fraud Section, and representatives from the Guardianship board. Sessions for healthcare professionals will be available online as well as in person to enable more workers to attend. Considering the high number of foreign workers employed in the Maltese care sector, all the seminars will be available in both Maltese and English languages.

Improving the working conditions of carers in long-term care services

The Covid19 pandemic exacerbated the need to ensure better working conditions for employees in long-term care service.

In 2016 **France** adopted a national strategy to improve the quality of working life (QVT) for healthcare professionals, entitled Taking care of those who care for us. The strategy aims to improve the working environment and working conditions, improve the safety of professionals, and prevent and deal with suffering at work. To achieve these objectives, the strategy proposes targeted actions in response to the specific working conditions of healthcare professionals: personal time and physical constraints, mental and emotional load, transformation of the organisation of work induced by various reforms with a specific impact for professionals working in institutions and in outpatient settings. In July 2020, the conclusions of the “Ségur de la santé” led to major investments based on four

pillars. It aimed at transforming professions and upgrading those who provide care; defining a new investment and financing policy to improve the quality of care; simplifying the organisation and day-to-day life of health teams so that they can focus on their patients; and federating health professionals in the regions to serve users.

In 2021 in **Sweden** the Government introduced a grant to promote a sustainable working life called “recovery bonus”. In 2022 has been allocated SEK 1 billion for projects promoting a sustainable working life in health and social care.

The Fourth Care Working Conditions Act has been introduced in **Germany** to increase the minimum wage for professional caregivers in eastern and western Germany in four stages. Under the Health Care Development Act, wages determined under the collective agreement tariff for professional caregivers who look after older persons and a nationwide personnel evaluation process for fully inpatient care facilities were both implemented.

To guarantee counselling and psychological support for carers, in **Estonia** a professional pastoral care service has been promoted for clients and workers of general care homes.

To promote adequate remuneration in the nursing sector and to attract more people to nursing professions, the federal states of **Austria** were provided with additional financing by the government through a corresponding law. The goal is to improve the income situation and to contribute to equal treatment of employees in the long-term care sector.

In **Malta** the recently adopted Health Workforce Strategy 2022-2030 – Supporting and Empowering the Health Care Workforce (see more details above) aims to address employees wellbeing by introducing new initiatives aimed at identifying the causes for the need of such support, by providing timely support for staff where and when required and by enhancing employee support.

Quality assurance in long-term care

Session II discussed mechanisms and tools to ensure quality in long-term care across different care settings, including residential and home care. It provided space for experience exchange on monitoring tools developed in various countries. The session also highlighted participatory instruments to ensure the involvement of older persons in the decision-making process around the care services they receive.

Quality assurance mechanisms

In **Austria**, the Ombudsman Board (Volksanwaltschaft) periodically inspects nursing homes and senior citizens homes. In keeping with the principle of preventive human rights monitoring, the Ombudsman Board's expert commissions have unlimited access to all facilities and receive all information and documents needed to fulfil their mandate. The commissions can request confidential interviews with individuals, including patients and residents. The commission's report on visits and inspections directly to the Ombudsman Board, supplementing the findings with information on suspected instances of human rights violations as well as remedial recommendations.

In **Slovenia**, in December 2020, the Long-Term Care Act was adopted. Its implementation is expected to begin gradually in the coming years. An essential component of the law is the quality of long-term care services and represents one of its fundamental principles. The law stipulates that quality long-term care is one that achieves comprehensive, professional, long-term care adapted to the user, taking into account the fundamental principles of quality such as performance, safety, timeliness, continuity, efficiency, equality and focus on the user, his active role, and is carried out in accordance

with professional standards and best practices. Among other things, the law also stipulates that the provider of long-term care must provide ongoing education and training of persons who provide long-term care services to support the professional and professional development of each employee in order to ensure quality and safe long-term care.

A mandatory component of the concession contract between the ministry and the contractor is also the obligation to establish all forms of internal control and a quality and safety system.

Regulatory arrangements

Various **Austrian Länder** have taken action to ensure residents can enjoy ageing in dignity and autonomous and independent living in old age. In a Mission Statement for the Older Generation in 2030 (Leitbild für die ältere Generation 2030), Burgenland has pledged to fully ensure that all older persons have access to all human rights and fundamental freedoms, to eliminate all forms of violence and discrimination against such individuals and to ensure the development of care structures (such as healthcare, rehabilitation and nursing care) in line with needs and quality standards. Vorarlberg supports the prevention of all forms of abuse and violence against older persons, for example through guidelines for nursing homes on how to address violence against care recipients, and by funding research by the Vorarlberg University of Applied Science into violence in care. The Gewaltschutzstelle of the Institute for Social Services (ifs) focuses especially on preventing violence and ensuring human rights for older persons. Various programmes are aimed at improving quality standards in

integrated nursing care and in training, and at better working conditions for professional caregivers. These include the course of studies in nursing care at the Vorarlberg University of Applied Science, continued training for long-term caregivers and a project on hospice culture and palliative care at home (Hospizkultur und Palliative Care zu Hause).

In the **Federation of Bosnia and Herzegovina**, special emphasis is put on improving the safety and quality of the health service. In accordance with the Law on the System of Quality Improvement, Safety and Accreditation in Healthcare, the certification and accreditation procedure of health care institutions is continuously carried out. The procedure is based on the adopted Safety and Quality Standards for health centres, hospitals, mental health centres, family medicine teams, pharmacies, polyclinics, as well as standards for emergency-related situations caused by the COVID-19 pandemic for health centres and polyclinics.

In 2017, the Law on Foster Care was adopted. The main goal of this Law is the systemic regulation of housing and support for children without parental care, adults without family care, and old, and disabled people with disabilities by housing and protecting them in a family environment. A unique system has been created to provide special obligations and to monitor the work of the foster caregivers in all Cantons.

Upgrading the quality of long-term care, **Denmark** undertakes most of its efforts in implementing standards and strengthening the indicators used to monitor the overall system. Municipalities are required to determine their quality standards for long term care at least once per year. These include personal help and nursing, help, care and support, rehabilitation, training services, home care and residential care. These must be publicly available and used in tenders and in audits. The purpose of these quality standards is to ensure that older people get professional, dignified, and qualified treatment.

Finland has strong substantive legislation guiding activities, which obliges municipalities and service providers responsible for organising services to implement services in accordance with the provisions laid down in the law. The organisation and provision of services for older people are governed especially by the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons and the Social Welfare Act as a general act. A structural reform of the health and social sector is under implementation. The responsibility for organising services will be transferred from municipalities to larger health and social services regions. The key objective of the reform is to ensure quality and equal availability of services.

In **Germany** a quality assurance mechanism has been introduced. The Care Personnel Enhancement Act that was issued on 11 December 2018 introduced specific regulations for initiating the new quality system in fully inpatient facilities in 2019. In accordance with the statutory mandate, the quality of the results will play a much more important role in the new inpatient quality system. A new main component is the care results from all the residents, which will be recorded every six months by the care homes, and which will be based on ten quality indicators. The new inpatient quality system is a considerable development of internal quality assurance, external quality audits and quality reporting.

New instruments for measuring and evaluating the quality of services, and quality reporting have also been developed for outpatient care. A comprehensive, scientifically monitored practical test has also been conducted. Based on the results of this practical test, the new quality instruments for outpatient care are currently being revised at the order of the Care Self-Administration authority before they are implemented on a mandatory nationwide basis. The medical service of the National Association of Health Insurance Funds is legally obliged to summarise experiences with quality audits of outpatient care services and inpatient care

facilities through submitting reports at regular intervals. A new process, PSG II, for determining care requirements was introduced in 2017. It focuses on independence and self-determination for those in need of care. Accordingly, the need for care is based on cognitive, physical or mental impairments to independence and capabilities, because of which help from others is required. Care, in turn, aims to maintain or regain cognitive, physical or mental capabilities of the persons in need of care, whilst enabling the most independence and self-determination that is possible. The new quality systems for inpatient and outpatient care are based on this understanding of care and need for care. Quality assurance is also used to determine the extent to which care is oriented to the needs and requirements of those in need of care and how their abilities and, therefore, their independence, are maintained and supported.

In **Ireland** National Standards for Residential Care Settings for Older People in Ireland were published in 2016 by the Health Information and Quality Authority (HIQA), superseding all previous standards for residential care settings for older people. The National Standards place a strong focus on quality of life, participation, and a person-centred approach. (HIQA is an independent authority established to drive high-quality and safe care, which aims to safeguard people and improve the safety and quality of health and social care services. HIQA is also responsible for the registration and inspection of 'designated centres' for older people and people with disabilities. The National Standards incorporate learning from the HIQA's inspection and registration of designated centres for older people. They place a strong focus on quality of life and on a person-centred approach to care for all residents, including residents with dementia. The Standards provide a framework for providers for the continual development of person-centred, safe and effective residential services. Overall, they focus on enhancing the ability of people to participate in society.

In **Ireland** an operational policy for health and social care services (Safeguarding Vulnerable

Persons at Risk of Abuse, National Policy and Procedures) was launched in December 2014. This national policy applies to all Health Service Executive (HSE) and HSE-funded social care services (for older people and people with disabilities). The policy, which is currently under review, outlines the procedures to be followed when there is a concern of abuse, neglect, or self-neglect of a vulnerable adult. The HSE has established several structures to implement the policy, including a HSE National Safeguarding Office and nine regional Safeguarding and Protection Teams (social work teams) to deal with suspected abuse.

HIQA and the Mental Health Commission published joint National Standards for Adult Safeguarding in 2019 to help health and social care services in Ireland to reduce the risk of harm against adults at risk who use those services, promote rights, health and wellbeing, and empower service users to protect themselves.

Ireland's Department of Health is currently developing an overarching national policy on adult safeguarding in the health and social care sector. This sectoral policy will apply to all public, voluntary, and private healthcare and social care settings and to agencies under the Department's remit. Separately, Ireland's Law Reform Commission is preparing a formal legal research report on A Regulatory Framework for Adult Safeguarding. When published, the Commission's Report is expected to inform future cross-sectoral legislation."

Ireland is also in the process of developing a regulatory framework for home-support services. The purpose of the framework will be to safeguard service-users and ensure that home-support services are of consistently high quality. This will comprise primary legislation (which will make provision for the licensing of home-support providers); regulations (which will set out the minimum standards with which providers will be required to comply to obtain a licence to operate); and national quality standards (which are being developed by HIQA and which will detail the standards with which

providers are expected to comply and which will support quality-enhancement). Work on all three elements of the framework is on-going, including most recently a public consultation on the draft regulations.

In the **Netherlands** investments was bolstering client-to-staff norms and reducing waiting lists. These investments were granted to support the quality framework, developed by the National Health Care Institute (ZIN) in 2017, which prescribes quality standards for nursing homes. The quality framework includes different components such as person-centeredness, competence and use of personnel, and the management of quality and safety. The Health and Youth Care Inspectorate also uses this framework to monitor quality and safety within the long-term care sector. Several projects were implemented to support and facilitate further quality improvements. The Ministry of Health, Welfare and Sport partnered up with various health care providers, the National Health Care Institute (ZIN), the Dutch Health Care Authority (NZA), and the Health and Youth Care Inspectorate (IGJ) for the policy program 'At Home in the Nursing Home, Dignity and Pride at every location' [Thuis in het Verpleeghuis, Waardigheid en Trots op elke locatie]. This policy program focused on more time and personal attention for residents of nursing homes, sufficient, motivated, and competent caregivers, learning, improving, and innovating. The 'At home in the nursing home, dignity and pride at every location' program is nested in the wider program 'Dignity and Pride' [Waardigheid en Trots]. This program has been a large and successful program, with 418 nursing homes participating in this scheme to enhance their quality of care.

As follow-up to these programmes The Netherlands started the programme "Housing, Support and Care for Older Persons" together with the relevant organisations in housing, welfare, and care in 2022. This programme contributes to a broad social movement to make real change in the way support and care

are organised. One action in the programme is the further development of the quality framework, aiming to have more flexibility for organizing long term care for older persons and to keep it sustainable for the future: affordable, accessible and appropriate. Public interest groups (responsible for developing quality frameworks by law) and the National Health Care Institute (ZIN) are asked to take social context and future trends into account:

- Made-to-measure care (person-centered)
- Integrate informal care in institutional long-term care
- Use of technology to save deployment of staff
- Decrease administrative burden
- Flexible employment of staff (more context driven)
- Attractive and innovative working conditions
- Stronger link to long term care at home.

In **Türkiye** a Quality Standards of Care Services framework has been established in order to ensure that systematic, qualified and sustainable care can be provided within the scope of the policy of the policy of "developing and strengthening care services". The Quality Standards of Care Services prioritize privacy, safety and high satisfaction of the care recipients and caregivers. The framework establishes five categories of standards: core standards, respect for human dignity and privacy, standards that directly affect department-specific processes, standards that indirectly affect department-specific processes, and standards providing non-mandatory "additional quality score".

Romania adopted legislation to improve minimum quality standards of social services, streamlining the licensing system of social services, establishing cost standards, strengthening the evaluation, monitoring and control mechanism regarding the quality of social services and strengthening the institutional capacity of social inspection.

Service integration

In 2017, **Estonia** started piloting a care coordination project in close cooperation between local governments, family practitioners and regional hospitals. The pilot project concluded that the most suitable solution for Estonia combines the importance of care coordinator functions and centrally agreed general principles with flexible tasks depending on local circumstances.

In 2006 in **Portugal** has been implemented a National Network of Integrated Long-Term Care (RNCCI). The RNCCI is at an intermediate level, in between community services (such as health centres, home support service, and nursing homes) and hospital care. The Integrated Long-Term Care is focused on the overall person's recovery process, promoting their self-sufficiency, in line with the levels of dependency in which the person finds itself, to provide a social and family integration. **Portugal** -> National Network of Integrated Long-Term care (details to be added).

In **Austria**, community nursing is being established through pilot projects since 2021. The project is part of the Austrian Resilience and Recovery Plan and funded by the EU (NextGenerationEU). Besides making a significant contribution to low-threshold and needs-oriented care and support, one of the project's goals is interlinking the health care and social sector. This is to be achieved by the community nurses acting as central contact persons in charge of coordinating between people and (health) care providers as well as networking between various services and providers.

In **Slovenia** service integration is being promoted by the implementation of pilots that will support the transition to the implementation of the systemic long-term care act. The key objectives of the project were to test the key tools, mechanisms and services relating to the implementation of long-term care by means of a comprehensive

approach and a defined model of integrated, coordinated and user-oriented care, i.e.: testing of tools and procedures for the assessment of eligibility for long-term care (application, assessment tool, personal and implementation plan, informing of target public); testing of new services and integrated care of a user in their home environment; testing of new services and support mechanisms for informal and formal care providers to carry out high-quality and safe care; testing of coordination mechanisms and the establishment of efficient coordination between social care and healthcare providers and the newly established entry points to ensure integrated services for the user; testing of electronic documenting of procedures from the eligibility assessment to the recording of service implementation. The solutions tested in the pilot projects were evaluated and served as the basis for drafting the Long-Term Care Act.

Certifications

To ensure that home residents enjoy the best possible quality of life, a National Quality Certificate for Old Age and Nursing Homes in **Austria** (NQZ) has been developed by the BMSGPK in consultation with the Laender and relevant stakeholders. The system, which has been consistently expanded in recent years, represents an instrument for quality development, based on recognition of quality excellence as well as identification of potential for improvements that go beyond legal requirements. Measures toward quality assurance and development have also been taken in relation to 24-hour care, e.g., the voluntary Austrian Quality Certificate for 24-Hour Care Placement Agencies (ÖQZ).

Monitoring compliance

External assessment

In **Estonia** an activity license system has been introduced for care homes that provide assistance to older persons. The Chancellor of Justice under the OPCAT mandate and Social Insurance Board pay visits to general care

homes to monitor the fulfilment of protection of human rights and quality requirements.

In **Denmark** an audit with a specific focus on the quality of nursing and social care in elderly care was established in 2018. As part of a pilot project, care units that receive comments must undergo follow-up training conducted by the National Centre for a Dignified Elderly Care.

Self-assessment mechanisms

The **Austrian Red Cross** has defined checklists to be used by regional organisations for self-evaluation, measuring the extent to which the principles have been implemented. Ongoing reviews and trials take place of innovative technologies and products designed to help older people maintain their self-determination and autonomy. An example here is telephone assistance (emergency call service), for which novel technologies are being used and tested in practice. The Red Cross has taken various other related measures, including the definition of a values-based framework of action for care and assistance, staff training for dealing with people with dementia related disabilities, and the definition and introduction of quality standards for nursing care, assistance, and volunteering activities.

Finland implemented a mandatory self-monitoring mechanism combined with supervision by national and regional supervisory authorities

Participatory instruments

Ombudsperson or similar

In **Austria** Ombudsman Board (Volksanwaltschaft) periodically inspects nursing homes and senior citizens homes. In keeping with the principle of preventive human rights monitoring, the Ombudsman Board's expert commissions have unlimited access to all facilities and receive all information and documents needed to fulfil their mandate. The commissions can request confidential interviews with individuals, including patients and

residents. The commission's report on visits and inspections directly to the Ombudsman Board, supplementing the findings with information on suspected instances of human rights violations as well as remedial recommendations.

Ombudspersons for Older Persons were established in **Finland** in 2021 to monitor the status of older people and the implementation of their rights as well as related legislation. Moreover, the Human Rights Centre started work on promoting the rights of older people as its own priority area. The aim is to strengthen the legal perspective in the activities and decision-making related to older people and also more extensively in attitudes.

User satisfaction surveys

Denmark is developing quality indicators in the elderly care sector within three main areas, which will be used to strengthen the focus on the quality and effect of the efforts in elderly care. In relation to the indicators, it was agreed to establish an annual national user satisfaction survey among recipients of home help and in nursing homes.

Ireland launched the 'National Nursing Home Experience Survey' in March 2022. This user-experience survey combines two questionnaires—one for residents in participating nursing homes and another for residents' relatives and friends. The survey provides the opportunity for respondents to share their views on the quality of care and support they or their loved-one receives, and on the extent to which this care and support meets their needs, based on six thematic areas (nursing home admissions, interactions with staff, spending time, living environment, person-centred care, and food and nutrition). It is anticipated that the next 'National Nursing Home Experience Survey' will be undertaken in 2024.

Further readings

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