

DIGNIFIED OLD AGE IN RURAL AREAS OF LATVIA: IS LONG-TERM CARE A SOLUTION?

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Abstract

A dignified life is one in which a person feels valued and respected by others and has sufficient financial resources to satisfy basic needs. The threat to a dignified life is most often observed in people who face difficulties in meeting their basic needs, are unable to take care of themselves due to their age. In Latvia, one of the most at-risk groups is single pensioners. In rural areas, the situation is more problematic and opportunities are even more limited. To solve age-related problems, long-term social care and rehabilitation services provided by municipal social care centres are offered in Latvia. However, as the Ombudsman states, the situation in nursing homes is worrying and often inadequate for a dignified life. To achieve the aim of the article - to analyse ageing related problems and identify the possibilities of social care centres to ensure a dignified life in old age in rural areas, semi-structured interviews and an analysis of official statistics and publications were conducted. Main conclusions derived from empirical data are that not everyone has access to the services provided by social care centres, and provided services often do not comply with the principles of a dignified life – there are shortcomings in terms of adequate living conditions, dignified attitude of employees, meaningful activities and quality of health care.

Keywords: old age, dignified life, long-term care, rural areas.

Introduction

In recent decades, demographic, economic and social factors have led to a rapid ageing of the population across the EU, with rural areas experiencing a higher rate of ageing than urban areas (Eurostat, 2024a). Ageing issues have been addressed in several policy documents and various European and national initiatives, for example, the European Pillar of Social Rights (European Parliament, 2017), ETUC Resolution on the Implementation of the EPSR: Ageing with Dignity (Syndicat European Trade Union, 2021), etc. Among other things, attention is paid to the inclusion of older people, the provision of adequate long-term care, and in relation to dignified ageing, the need to change the approach from the 'costs of ageing' to the 'rights and needs-based' approach is emphasized.

The population in Latvia is also ageing - seniors 65 years and over made up 21.35% at the beginning of 2024 (CSB, IRE040). Ageing is not just a rural problem, however, the proportion of older people in rural areas is significant: in 2024, 19.76% of the population in Latvia lived in rural (sparsely populated) regions (CSB, IRS051); while 28.33% were aged 65 and over (CSB, IRD081), which also exceeds the EU average (24.9%) (Eurostat, 2024a). Many of older adults live alone (CSB, MVS050). In 2023, 15% of all single-person (over 65 years) households were in rural areas (CSB, MVE060). Thus, a large number of lonely, elderly people who often need support to ensure their well-being live in rural areas.

To address age-related issues, a long-term social care service is developed and provided by municipal social care centres (SCC). There were 6,758 adults aged 62 and over in them at the end of 2023 (Ministry of Welfare, 2024b), but they are not the only ones who need such a service. There are several reasons why not everyone receives it. One of the significant risk factors for the accessibility of the SCC service is the costs, which are often not proportionate to the income of

seniors. At the end of 2024, the average old-age pension in Latvia was 616.86 euros (CSB, PPP010m), but the costs of the SCC service are around a thousand euros per month. Another problematic aspect, pointed out by the Ombudsman, is a worrying situation in SCCs, which often does not correspond to a dignified life.

The aim of the paper is to analyse ageing related problems and identify the possibilities of social care centres to ensure a dignified life in old age in rural areas.

The study will seek answers to the following research questions: 1) What are the specifics of rural areas and how does the rural context influence dignified ageing? 2) Is SCC a solution to ageing-related problems and ensures dignified ageing?

Materials and Methods

To achieve the aim and answer the research questions, semi-structured interviews and an analysis of publications and official statistics – Eurostat and Latvian - were conducted. The sample (n=6) consists of social sphere professionals: Bauska municipality social worker, Cēsis municipality social worker, Ludza municipality social worker, director of Tukums Municipality SCC 'Rauda', director of the SCC 'Ludza', and director of Cēsis city SCC. Interviews were conducted in January and February 2025.

The interviews included topics about age-related problems, with a particular emphasis on those typical of rural residents, as well as questions about the possibilities of ensuring a dignified life in SCC.

Data collection and analysis followed the basic principles of research ethics; and informed consent was obtained from each participant.

The concepts of Dignity and Dignified ageing

Even though their functional abilities decrease in old age, and physical and mental health deteriorate, people deserve to age with dignity and respect. Although this concept is widely used, especially in care, it is quite

vague, without a single generally accepted understanding and definition. The concept of dignity implies respect and status. Dignity can be defined as a fundamental value based on and related to human rights. Dignity is also a subjective experience related to autonomy and identity (Clancy et al., 2020), and is manifested in behaviour that demonstrates respect for oneself and others (Jacelon et al., 2004). The concept of dignity is closely related to individual satisfaction, autonomy, self-esteem and quality of life, and is influenced by the attitudes received from others (Dixon et al., 2011) and can be taken away or reinforced by circumstances or the actions of other people (Die Dong et al., 2021).

Like dignity, dignified ageing is a complex, multidimensional concept that emphasizes respect, autonomy and social inclusion; it includes the intrinsic value of a person and external factors, such as physical comfort, autonomy and interpersonal relationships (Proulx & Jacelon, 2004) in the ageing process. Research shows that dignified ageing is facilitated by self-control and independence, respect and the provision of adequate care and necessary support (Esmaili et al., 2014). In turn, limited physical abilities and dependence on others, the threat of illness and the need for care, as well as low economic status and living in rural areas (Die Dong et al., 2021) are risk factors for dignified ageing.

Summing up dignified ageing is influenced by several factors, on which the physical, mental, emotional and social well-being of an individual depends. Dignified ageing is one in which a person feels valued and respected by others; can take care of himself; and has sufficient financial resources to meet basic needs.

Rural context of ageing

When it comes to the life of older people in rural areas, the countryside is sometimes called a 'challenging context' (UNECE, 2017). However, context has a significant impact on ageing in general and dignified ageing in particular. As Orpin et al. (2015) note, the nature of rural ageing experiences is shaped by local contexts and resources.

Rural areas undoubtedly have various advantages, but compared to cities, they also face disadvantages in social and economic dimensions, in access to services, healthcare, and people in rural areas have more difficulties and problems, as indicated by several authors and studies (UNECE, 2017; Augère-Granier & McEldowney, 2020; Eurostat, 2024b). Geographically dispersed population and lower population density make it more expensive to develop and maintain infrastructure and services. Therefore, transport, healthcare, social services, education, ICT, retail, culture and other services are not as self-evident and accessible in rural areas as they usually are in cities. This can be particularly problematic for older people, who, due to their place of residence, may experience greater difficulties, which are directly related to and affect a dignified life. It is therefore natural that rural residents express dissatisfaction, and as follows from

the Urban-rural Europe report, the second lowest level of overall life satisfaction among rural residents was reported in Latvia and Lithuania (Eurostat, 2024b).

Rural areas are particularly disadvantaged in terms of health and healthcare services, which significantly affect older people. People in rural areas often have poorer health outcomes, higher rates of chronic diseases, unmet dental needs and limited access to healthcare services, which exacerbate the challenges faced by older adults (Augère-Granier & McEldowney, 2020; Liebrecht et al., 2022; Manthorpe et al., 2000). There are also greater difficulties in recruiting medical personnel. It is not surprising that 35.7% of older Latvian residents (aged 65 and over) rate their health as poor or very poor (CSB, IVP040). The poor health in rural areas is also a result of a lack of financial resources. Due to lower economic activity, there is a higher risk of poverty and economic disadvantage in rural areas, particularly among older adults. GDP per capita in rural areas is still around 70% of the EU average (Eurostat, 2024b). This affects all areas of life, not only exacerbating health problems but also limiting access to other resources necessary for a dignified life (Davis & Bartlett, 2008; Liebrecht et al., 2022), as well as contributing to social isolation.

A significant risk in meeting needs is poor financial opportunities or poverty, which is especially noticeable among older people. In Latvia, on average, 21.6% of the population was at risk of poverty, but among seniors it was almost twice as high – 41.4%, and among single seniors it reached 66.3% in 2023 (CSB, RNN2402). There is also a large income gap in terms of both urban and rural areas and age groups. The average income per household member in rural areas is 756.19 euros, and in cities – 885.60 euros; the average income in the age group from 16 to 64 years is 1171.44 euros per month, while for people aged 65 and over – 700.29 euros per month (CSB, MIS020).

Many older people want to remain in their home. This is possible if there is availability of affordable, suitable and age-appropriate housing. In reality, many rural areas have problems with centralized water supply (there is a well in the yard) and sewage (outdoor toilet). According to the statistical data, in 2023, 19.2% of households in rural areas did not have a flush toilet and 19.9% did not have built-in bathtubs or showers, which is significantly more than in urban settings (2.8% and 4.6% respectively), 25.8% reported their homes being in poor condition, with a leaking roof; damp walls, ceilings, floors or foundations of the house or mould in window frames or floors (CSB, NNN050). Heating, obtaining firewood, bringing it into the house and lighting the stove can also cause problems for some older people. Rashnaca and Rezgale-Straidoma (2019) have concluded in their research that older adults in rural Latvia face considerable challenges related to housing vulnerability and economic insecurity. These issues are particularly noticeable for those living alone. If physical ability is reduced and self-care skills are significantly impaired, support is necessary. This may

be a reason why not always older people can continue living alone in their homes. In some cases long-term social care and rehabilitation services - SCC may be more suitable. It is therefore essential that older people in rural areas are provided with such services.

Law on Social Services and Social Assistance (LR Saeima, 2002) stipulates that the local government is obliged to ensure that the person has the opportunity to receive social services and social assistance appropriate to their needs.

There are 107 municipal SCCs in Latvia, where 39.4% are men and 60.6% are women. Slightly more than a quarter of clients were aged 70 to 79, a third were aged 80 to 89 and 14% were over 90 (Ministry of Welfare, 2024b). The older a person gets, the more support is needed to ensure a dignified life, and the costs of care services also increase, making it more difficult to access. Lower-income residents cannot afford them. Even the total costs incurred by individuals with low needs may be high for those at the bottom of the income distribution (Augère-Granier & McEldowney, 2020). However, it is often the older people with lower incomes who need support the most. The cost of staying in SCC in Latvia varies widely – from 18.53 euros per day in Viļaka SCC to 52.72 euros per day (about 1600 euros per month) in Riga SCC 'Mežciems'. In several SCCs, the costs are differentiated – cheaper for residents declared their residence in the municipality, and more expensive for others, for example, in Dobeles region 34.50 and 37.50 euros per day, respectively; in Ērgļi SCC – 25.64 and 28.93 euros per day. As can be seen, the cost of living is not commensurate with the income of older people. According to statistical data, about a half (50.28%) received an old-age pension up to 500 euros a month, 42.97% from 500.01-1000,00 and only 6.75% received a pension exceeding 1000 euros in 2023 (CSB, PPO50).

If the status of a poor person has not been granted, or if person's income and savings are not sufficient to pay the full price of the service, the provider must cover the service expenses. If the client and provider are unable to pay, the costs are covered from the local government budget (Ministry of Welfare, 2024a).

The ageing population is putting great pressure on local governments, demanding more and more resources to allocate for care. As follows from the Informative Report (Ministry of Welfare, 2021), neither the client nor the local government is able to provide sufficient financial resources to pay for the social service, as well as for the development of the service. This leads to a situation where the recipient of the social service is dependent on the local government's goodwill and understanding of priority needs, and economic constraints become the significant barrier to accessing SCC services.

The quality of services provided by SCCs is another significant concern not only because of the lack of funding but also because of problems such as staff shortages and outdated infrastructure. Many SCCs

struggle to provide individual care and services that are consistent with the well-being and dignity of residents. Inspections and reports (Ombudsman, 2018, 2024) have highlighted problems that both clients and employees face. Violations of ensuring a dignified life are associated with 1) availability of an environment that meets the needs of residents; 2) respect for the principle of privacy; 3) lack of meaningful activities and leisure opportunities; 4) irregular walks in the fresh air (especially for residents with functional disabilities); 5) insufficient number and competence of staff. While efforts are being made to improve standards, problems continue to hinder the quality of social care services and the provision of dignified old age.

To gain a deeper insight into the situation, interviews with involved specialists were conducted.

Characteristics of a dignified life in old age

Respondents primarily associate a dignified life in old age with the ability to satisfy their basic needs – physical, emotional and social. *'A dignified life is when you live your old age in peace, harmony, well-fed, clean, listened to, loved, surrounded by grandchildren and children, provided with medical supplies, in your own place of residence'* (Bauska municipality social worker).

A dignified life in old age also includes an appropriate attitude, understanding and safety: *'...a dignified life includes the necessary care, support and communication, but most importantly – safety. A dignified life includes the confidence that a person will not be left in a helpless situation!'* (Cēsis municipality social worker). When reaching old age, it is very important for a person to feel needed: *'A dignified life in old age is when there is no feeling that no one needs you anymore!'* (Ludza municipality social worker).

It can be concluded that the respondents' understanding of dignified life in old age coincides in all aspects with the interpretation found in the literature. Dignified life in old age is characterized by a sense of security, opportunities to satisfy one's basic needs, as well as communication and the feeling that a person is not alone, that he is loved, accepted and understood.

Age-related problems faced by people in rural areas

There are several obstacles for dignified ageing in rural areas, for example, limited access to services: *'A person who lives in rural areas can't get anywhere. He doesn't have access to the services he needs. If he has mobility problems, he can't lift his leg up. He can't get on a bus or any other vehicle. What kind of dignified ageing is that if you can't get anywhere?'* (Director of SCC 'Rauda'). Respondents talk about great distance, dispersion and, consequently, loneliness: *'There are a lot of lonely people in Latgale who live far from the center – there is no shop, no neighbors, no children who could bring products'* (Director of SCC 'Ludza'). The Director of SCC Tukums also emphasizes a problem relevant to rural living – the lack of amenities in housing: *'If a person lives in a rural area, then he*

also has to wash in a bowl. It is neither good nor bad, but I think about the word 'dignified'. Is it dignified?' That is consistent with results of the study by Rasnaca and Rezgale-Straidoma (2019). When reaching old age, **communication** is very important for people: *'An old person cannot live alone, they need someone to talk to. But the children are away, the neighbors are far from each other'* (Ludza municipality social worker). *'..Often, relationships in the family, mutual communication is very poor'* (Bauska municipality social worker). *'..Friends have also died, seniors have been left alone and lonely. Communication is also difficult, because due to age, they cannot use phones'* (Cēsis municipality social worker). **Most seniors have health problems that prevent them from fully taking care of themselves: 'Can't go down stairs, go to the store or see the doctor. Can't stand up to prepare a full meal. Can't do self-care activities' (Bauska municipality social worker).** The director of SCC 'Ludza' also emphasizes that receiving the necessary healthcare services in rural areas is problematic: *'There are many people with disabilities, people who need dialysis, and it is impossible to receive it at home in rural areas.'* Seniors in rural areas face **financial difficulties** because pensions are small: *'...we have very small pensions. We even have a group of people who only have a pension of up to 400 euros'* (Ludza municipality social worker). People in old age face various problems related to health, insufficient financial resources and communication, but the ability of seniors living in rural areas to ensure a dignified life is also affected by the distance that separates them from the providers of services they need in everyday life, including shops. The study shows that Latvia is not unique; the processes taking place here and the ageing-related problems are similar to those described in other previously conducted studies.

Challenges faced by social service workers in ensuring dignified living in old age

In rural areas, people want to live in their usual environment until the last moment and agree to move to SCC only when they are no longer able to take care of themselves; moreover, there are often situations when elderly people prefer to die in their own homes, which in turn is very burdensome for social workers. Moving to SCC involves a feeling of the loss of autonomy and identity, the essential elements of dignity (Clancy et al., 2020; Proulx & Jacelon, 2004). The emotional factor often is an obstacle at the moment when a person needs full care and it is time to go to SCC if there is no one who can provide full care: *'A person is alone, bedridden, in a helpless situation, but does not want to go to the SCC; that is a problem! Not ready to change the usual environment! Tell me, how can we provide this person with a dignified life if he needs full care 24/7? But when a person finally agrees to go to the SCC, he is satisfied. I was recently at the SCC, I talked to my people, they are satisfied – warm, well-fed, well-groomed and safe'* (Cēsis municipality social worker). *'..for lonely seniors who*

are no longer able to take care of themselves, the only way out is a nursing home, where they can continue a normal life. At home, they cannot provide themselves with food 4 times a day, care and, in case of health problems, also technical aids' (Director of SCC 'Ludza'). Respondents expressed regret for those elderly people who live alone and are forced to cope with everything on their own - pay utility bills, take care of the necessary medications and, finally, with what is left, be fed for a month, believing that SCC is a way to ensure a dignified life for seniors even when they are no longer able to do so themselves: *'...one way to solve the problems of seniors is, of course, placement in SCC'* (Bauska municipality social worker). The social worker feels responsible for this lonely, helpless senior, but at the same time, is often unable to influence the situation: *'It's painful to see when a person refuses help; I feel sorry for him being so helpless, but I can't decide for him'* (Cēsis municipality social worker).

Long-term social care service, procedure for receiving it

The interviewed respondents believe that the long-term social care service is an alternative for ensuring a dignified life for elderly people who are unable to take care of themselves: *'Elderly people come to us when they can no longer take care of themselves. This means that they need absolutely everything they need to live – nutrition, care, appropriate equipment.'* (Director of SCC 'Ludza'). *'...they have a life worthy of a resort here, because every room has a sanitary facility, they don't have to go anywhere; they live two in a room, cultural events are organized every week, a physiotherapist is available, various activities are organized for them – singing, drawing classes. We ourselves say that this is our home!'* (Director of Cēsis SCC). *'...he has the choice to attend various activities at the SCC: passive, such as watching TV, radio, reading magazines or books, board games; active, such as walking outside, helping with household chores (harvesting, raking leaves, caring for flowerbeds), exercising, music therapy and attending excursions'* (Bauska municipality social worker). However, as the information obtained in the interviews reflects, not all elderly people who would need this service have the opportunity to receive it. Bauska municipality social worker: *'Not everyone can get the SCC service. SCC prices are increasing every year. The price is now around 1000 euros. Many seniors in rural areas have small pensions. Some have a disability group and care allowance as a 'bonus'. Putting everything together, it is good if half of the amount can be covered. The other half is covered by the breadwinners – children. Not all children want to take care of a loved one, to pay. Many can't be reached, because they are abroad earning money. For a large part of the relatives, the income is enough to support their own family, to provide for basic needs. If there are no breadwinners, or relatives can prove that they are not able to pay, then the local government considers the possibility of covering the senior's relative's share and places them in SCC.'*

A similar situation exists in other rural areas; for example, in Cēsis SCC, approximately 50% of residents live in a nursing home, and the remaining fee for the nursing home service is covered by them or their relatives, while for the other half of the residents, the remaining fee is covered by the municipality. The director of SCC 'Ludza' emphasizes that there are cases when children do not pay the remaining fee for receiving the service, then the municipality covers it, which is confirmed by the statement of the Ludza municipality social worker: 'Yes, yes, of course, we reimburse, to get into a nursing home, you need a certificate from a family doctor that a nursing home is necessary because long-term care is needed, for example, dementia or stroke; then we check, assess and then look for a place, and if there is a place, then we can send the person there immediately. We have many old people already with disabilities, but that is not a criterion. We also assess the ability to pay. If there are children, the children pay extra. If there are no children or they are insolvent, then the municipality pays extra. Ludza residents have to pay a little less'. Upon receiving the new client's documents, a care plan is prepared for what to do with the person further: if necessary, a nutritional diet is drawn up; it may be necessary to chop food or take the person to the doctor. From the above, it follows that SCC, assessing the needs of each client, tries to meet them by attracting both the necessary healthcare specialists and organizers of cultural activities to provide leisure opportunities.

Challenges faced by SCCs in providing long-term social care services to seniors in old age

According to previous studies, dignified life in old age means not only autonomy but also social inclusion and interpersonal relationships. The challenges of SCC are related to the harmonious interaction of these aspects. Informants mention the attitude of both the elderly themselves and the care staff as one of the most significant challenges in ensuring a dignified life for seniors in SCC: 'They are like children, only each with their own character. Emotionally it is difficult – each wants attention, to talk, requires a lot of time and attention' (Director of SCC 'Ludza'). '...a person is a person – each has their own character. With their own quirks. Maybe he has some health problems, he is bedridden and shows his displeasure to the staff serving him. The caregivers do everything badly. He has food, he is cared for, but everything is still bad!' (Ludza municipality social worker) In SCC, seniors need to be treated with understanding and respect, but this is not always ensured by the caregivers: 'No matter what kind of pig he is sometimes. He is at his age. I think if there is an empathetic attitude, a respectful attitude from the employee towards that person, then everything is fine; I think that is the most important thing. And often what I see is neither empathy nor a normal attitude from the caregiver towards the old person. I think that respectful ageing will be if we change our attitude towards the old person. That is the most important thing - **the attitude of the care staff**' (Director of SCC 'Rauda'). '...attitude is very important to them. There are 4 or 2 people in a

room, we need to talk. Nutrition, medicine are important' (Ludza municipality social worker). In the interviews, environmental accessibility was mentioned as a challenge in ensuring a dignified life for elderly people in social care centers: 'Well, in my institution, there is no environmental accessibility. I have a narrow door where you can't push out this bathtub, where you put a lying person; push it out, push it into the shower and wash them nicely. Now we are thinking about how to improve the well-being of clients by modifying this door, so that they can normally go out through it in a wheelchair, instead of having to squeeze past it as it is narrow. The same is true of environmental accessibility, so that someone has to open the door for a person to get out. And also the ramp that we have at the door, that ramp - it is also not built in accordance with environmental accessibility. It is too high, and it is also difficult for a person to go down. 'Those are the essential things, in my opinion, that prevent them from feeling good here' (Director of SCC 'Rauda'). The director of SCC 'Ludza' considers it a challenge that young men who are homeless, drink alcohol, and disturb the peace of seniors are also placed in nursing homes: '...we place two large categories here – people who are unable to take care of themselves and young men, usually homeless, very sick'. Challenges related to frequent staff turnover were also mentioned, because caregivers' salaries are low, but the work is very hard, physically and emotionally difficult - burnout syndrome is observed: '...we can only pay for 30% of the replacement. Is it right when I ask caregivers to come to work on Sundays or holidays, but I can only pay for the work done, 30%! Moreover, people do not come to work for us at all, because they are aware of the specifics of this work' (Director of Cēsis SCC). The admission of dementia patients to the nursing home is also a challenge: '...we carefully evaluate whom to take. If a person has dementia, we only take bedridden patients so as not to disturb other residents. We would need a separate ward with a fence around dementia patients so as not to disturb the others' (Director of Cēsis SCC). It follows that SCC faces two types of challenges - those whose overcoming does not depend on SCC's capabilities, as, for example, salaries for carers are paid from the municipal budget, and SCC cannot influence this remuneration procedure; also, improving environmental accessibility requires resources, but SCC is not a financially profitable institution. The other group of challenges are those to be overcome by SCC's efforts, e.g., the attitude of staff towards SCC clients.

Conclusions

1. With the rapid ageing of the population, which is influenced by various factors and which in turn affects almost all spheres of life, ageing issues are in the focus of attention in the EU as a whole and Member States in particular. Caring for the well-being and dignity of older people as important issues in the modern world have been addressed in policy planning documents and action plans, as well as have attracted the interest of researchers.

2. Dignified ageing is a complex, multi-dimensional concept. It covers a wide range of human life and is associated with human dignity, autonomy, the ability to take care of oneself and the provision of essential needs – physical, financial, emotional and social. Ageing in rural areas is significantly affected by the specifics of the rural environment, which can often be a ‘challenging context’ especially for older people.

3. Statistical and research analysis shows that older people in rural areas have quite low life satisfaction rates, poor health and difficult access to medical services, problems with transportation, poor living conditions (housing without amenities), lower incomes, and a significantly higher at-risk-of-poverty rate. But despite the problems they face, seniors usually want to stay in their place until the end of their lives.

4. Long-term social care service is designed as an alternative for ensuring dignified life in old age, especially for rural residents. However, the study shows that SCCs face various problems in ensuring dignified life, such as accessibility, quality of services provided, high risk of staff burnout, etc.

5. Seniors do not have a clear opinion about long-term social care service. SCC is often stigmatized. There is still a stereotype that SCCs are ‘poorhouses’, which discourages seniors from using the service even if it is necessary.

6. Considering the objective and subjective challenges and obstacles identified in the study, SCC can currently be considered only a partial solution to ensuring dignified old age in rural areas. Several improvements are necessary for the long-term care service to be fully such.

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