



# ESPN Thematic Report on work-life balance measures for persons of working age with dependent relatives

## Latvia

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Feliciana Rajevska  
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*Contact:* Emanuela TASSA

*E-mail:* [Emanuela.TASSA@ec.europa.eu](mailto:Emanuela.TASSA@ec.europa.eu)

*European Commission  
B-1049 Brussels*

**European Social Policy Network (ESPN)**

**ESPN Thematic Report on  
work-life balance measures  
for persons of working age  
with dependent relatives**

**Latvia**

**2016**

*Feliciana RAJEVSKA, Vidzeme University of Applied Sciences*

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## Summary/Highlights

Long-term care as such is not defined in Latvian legislation. However, the Social Services and Social Assistance Law 2003 provides definitions of social care, institutional long-term care and other forms of social care. Formal social home care is provided by municipal social services, non-governmental organisations (NGOs), charities, private entities and individuals. Expenses for home care and institutional care (except institutional care for people with mental disorders) should normally be covered by the client. Municipalities are obliged to provide home care services only in situations where there are no family members able to take care of the elderly or disabled person. There are no clear legal rules for this kind of benefits. A new form of day-care centre that has recently particularly gained in popularity is the day-care centre for people with dementia. Also mobile care teams are used to provide more differentiated services. However, coverage of these services is low and territorially uneven. A great proportion of home care services are provided informally by family members, relatives or neighbours.

There are no special rules concerning carers' leave in Latvia, except sickness benefit for a child (under 14) who is being cared for from the first to the fourteenth day of the child's sickness. Since 2006, there have been two kinds of cash benefits for children's carers: a disabled child care benefit, and a supplement to the family state benefit for a child with disabilities. Those benefits are not related to the long-term insurance and are a right based on universal principles for all those in need of care. In 2008, a benefit for a disabled person in need of care was introduced. This cash benefit is to pay for care services provided directly to the person being cared for, rather than to the carer. The number of recipients of this benefit has doubled since its introduction. There is no benefit for carers of adult dependent family members.

In January 2013, a new programme for persons with disabilities (irrespective of age) was introduced in order to facilitate their independent living and motivate carers to integrate into the labour market: the services of an assistant to accompany the disabled person in out-of-home activities, e.g. visiting a doctor, rehabilitation centre, education institution, etc. Many family members have applied for the status of assistant, especially in communities with high levels of unemployment. In any case, it is a means of support for families with dependent persons, and especially for employed carers. In October 2015, the government approved amendments to regulations strengthening the criteria for determining the assistant's remuneration, and also the monitoring procedure.

A parent (or guardian) who, for at least eight years, has cared for a child who, again for at least eight years, has been recognised as disabled has the right to draw old-age pension five years before the statutory pension age, provided their insurance record is at least 25 years. A person who receives disabled child care benefit has his/her pension insurance paid from the state budget: this period is included in that person's insurance record. There are no relevant in-kind benefits that provide support to carers of adult dependent relatives. In Latvia, 7% of women and 2% of men in 2012 were inactive on the labour market or had only a part-time job due to a lack of care services for children and other dependants. As everywhere, women are more involved in caring for elderly or disabled relatives in general, and especially when such care is needed every day. However, men in Latvia do participate in care for elderly or disabled relatives more frequently than the European average. The possibility of taking a day off at short notice and of accumulating hours for time off is widespread in Latvia and follows the same patterns as the European averages. Flexibility of working time is very important for the work-life balance of carers of family members.

Statutory paid leave for informal carers (at least in the case of certain diagnoses) should be introduced on the same conditions as leave for childcare, and access to formal care support should be improved at the national and municipal level. There is a strong need to develop and expand palliative care and to increase salaries and wages for formal carers. That would contribute to the quality of care.

## 1 Description of main features of work-life balance measures for working-age people with dependent relatives

Long-term care as such is not defined in Latvian legislation. However, the Social Services and Social Assistance Law 2003 provides definitions of social care, institutional long-term care and other forms of social care, such as home care, day-care centres for the disabled and group houses (apartments) for the disabled. No distinction is drawn in law between short-term and long-term social care (except for institutional care). No specific legal framework exists for long-term healthcare services.<sup>1</sup>

The Children's Rights Protection Law formulates parental obligations to the child (article 24) and special care for a child with special needs (article 25).<sup>2</sup> The Civil Law of Latvia states: "The duty to maintain parents and, in cases of necessity, also grandparents, lies upon all of the children equally. If the respective financial state of the children is unequal, a court may determine their duty of maintenance commensurately to the financial state of each child" (article 118).<sup>3</sup>

The type of family relationship between the carer and the dependent person makes a difference in terms of entitlement to benefits. The most favourable is the policy towards children with disabilities. Since 2006, there have been two kinds of carer cash benefits in Latvia: the disabled child care benefit, and a supplement to the family state benefit for a child with disabilities. Those benefits are not related to long-term social insurance and are a right based on universal principles for all those in need of care. In 2008, a benefit for an adult disabled person in need of care was also introduced. This cash benefit is provided directly to the disabled person, so that he or she can use the money to pay for care services. There is no special benefit to support carers of adult dependent relatives.

However, in January 2013 a new programme for disabled persons (irrespective of age) was introduced, in order to facilitate independent living: the services of an assistant to accompany the disabled person in out-of-home activities, e.g. visiting a doctor, rehabilitation centre, education institution, etc.

In Latvia, 7% of women and 2% of men in 2012 were inactive on the labour market or had only a part-time job due to a lack of care services for children and other dependants.<sup>4</sup> Some 73.5% of women in Latvia (73.3% in the EU) and 76.7% of men (78% in the EU) have never been involved in caring for elderly or disabled relatives. In Latvia, some 7.7% of women (7.4% in the EU) and 4.5% of men (4.2% in the EU) are involved in caring for elderly or disabled relatives every day; 3.7% of women (3.9% in the EU) and 5.5% of men (3.3% in the EU) – several days a week; 3.8% of women (4.6% in the EU) and 4% of men (4.4% in the EU) – once or twice a week; and 11.3% of women (10.8% in the EU) and 9.4% of men (10.2% in the EU) – less often.

### 1.1 Overall description of long-term care regime

In 2014, there were 83 municipal nursing homes for the elderly (in Latvia these institutions are called "social care centres") with 5,931 clients living there.<sup>5</sup> As a rule, nursing homes for the elderly are run by local municipalities. There were several (approximately 10) private and NGO homes for the elderly in 2015; municipalities often pay for their services, subject to a means test for clients and negotiated prices with the institution. In addition, there are 15 state-owned/financed nursing homes for adults with

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<sup>1</sup> Zilvere, R. (2014): Pensions, health and long-term care. Country Document: Latvia – update 2014. <http://ec.europa.eu/social/BlobServlet?docId=12974&langId=en>

<sup>2</sup> Children's Right Protection Law. <http://www.humanrights.lv/doc/latlik/bern.htm>

<sup>3</sup> The Civil Law of Latvia. Part one Family Law, 2001. <http://www.vvc.gov.lv/export/sites/default/LV/publikacijas/civillikums.pdf>

<sup>4</sup> [http://ec.europa.eu/europe2020/pdf/themes/2015/labour\\_market\\_participation\\_of\\_women.pdf](http://ec.europa.eu/europe2020/pdf/themes/2015/labour_market_participation_of_women.pdf)

<sup>5</sup> Data source: Central Statistical Bureau of Latvia.

mental disorders, with 5,227 clients. The private sector has little motivation to develop this business, due to the low solvency of the population. According to the existing rules, a person has to cover all the costs, or at least has to pay the equivalent of 90% of his/her pension. The average pension in the fourth quarter of 2015 was EUR 277; the average maintenance fee is EUR 430–450. The difference should be covered by the relatives. Some municipalities take an active part in co-payments to institutions. The queue is not long: the average waiting time is around one month.

Formal social home care is provided by municipal social services, NGOs, charities, private entities (agencies) and individuals. Some municipalities also offer other types of home support for the elderly, such as security buttons, the delivery of hot meals, laundry and the assistant's service. People prefer to stay at home for as long as possible. This kind of service is less expensive as well. Most of the services are provided by social workers from the municipal social services. Expenses for home care and institutional care (except institutional care for people with mental disorders) should normally be covered by the client. For very poor people who live in households with average income of below EUR 128 per month and who do not have family members with an obligation to support them financially, all expenses for social care are covered by the local municipality. Municipalities are able to set a higher level of income as the threshold for accessing their free services. A large proportion of home care services are provided informally by family members, relatives or neighbours. Municipalities are obliged to provide home care services only in situations where there are no family members able to take care of the elderly or disabled person. The number of people receiving home care is increasing constantly. At the end of 2014, there were 11,792 (10,434 in 2013; 6,869 in 2012) elderly clients of home care financed by local governments.<sup>6</sup>

Although home care service is the most widespread form of alternative care provided by municipalities, significant regional disparities exist across the country. However there are some signs of improvement. In 2014, home care was available in the nine largest cities, but in only 55 rural municipalities out of 110 (2012: 26 municipalities).<sup>7</sup> There are substantial variations between municipalities in the way in which home care is organised. Social home care can be provided by municipal social services, NGOs, charities and private entities. Some municipalities offer financial support to persons with home care needs. This support is meant to cover – in part or in full – the household's home care costs. There are no clear legal rules for this kind of benefit: conditions and the amount of support vary greatly between municipalities. Depending on the municipality, additional services are offered to support independent living by elderly and disabled persons. In 2014, there were 82 day-care centres – 23 in the cities and 59 in municipalities. The day-care centres had 20,600 clients, including 811 persons with mental disabilities in 29 special day-care centres in 23 municipalities.<sup>8</sup> This means that their family members can be involved on the labour market. A new form of day-care centre that has recently gained in popularity is a day-care centre for people with dementia; these provide essential support for employed relatives. Also mobile care teams are used to provide more differentiated services. However, coverage of these services is low and territorially uneven.

## 1.2 Description of carers' leaves

There are no special rules concerning carer leave in Latvia. The only exception is sickness benefit for a child who is being cared for. For people caring for a sick child (up to 14

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<sup>6</sup> Data source: Department of Social Services and Social Assistance of the Ministry of Welfare, Summary of National Statistical Reports (2010, 2011, 2012) on social services and social assistance in local municipalities. <http://www.lm.gov.lv/text/1382>

<sup>7</sup> Data source: Department of Social Services and Social Assistance of the Ministry of Welfare, Summary of National Statistical Reports. <http://www.lm.gov.lv/text/1382>

<sup>8</sup> Statistical information from municipalities on social assistance and social services, available on the website of the Ministry of Welfare. <http://www.lm.gov.lv/text/1382>



years), sickness benefits are paid from the state social insurance budget for the period starting on the first day of the child's illness to fourteenth day (twenty-first if the child is in hospital). If the child is treated in hospital, the sickness benefit is paid for the period from the fifteenth to the twenty-first day.

**Table 1: Sick child care benefit beneficiaries and the amount of the sickness allowance**

	2012	2013	2014	2015
<b>Number of beneficiaries</b>	38 413	43 104	40 091	47 753
<b>Number of cases</b>	73 012	81 577	76 354	93 590
<b>Number of days per beneficiary</b>	1.90	1.89	1.90	1.96
<b>Number of days per case</b>	8.72	8.79	8.63	8.64
<b>Benefit to be paid the average amount per case (euro)</b>	99.51	103.32	109.67	138.70
<b>Total expenditure (euro)</b>	7 265 551.10	8 428 481.02	8 373 375.04	n.d.

Source: State Social Insurance Agency data.

The assistant's service, introduced in 2013, has demonstrated a rapid increase in demand in all municipalities of Latvia. The number of clients was 3,067 in December 2013, 2.2 times higher in December 2014 (6,794) and three times higher in December 2015 (9,211). The share of clients aged 5–18 was 9.2% (850 children) in 2015. The number of assistants has grown at the same speed – from 2,985 in 2013 to 9,279 in 2015. Many family members have applied for the status of assistant (around 76% of all assistants), especially in local communities where there are high levels of unemployment. Coverage of municipalities is close to 100%. Many mothers would like to accompany their disabled child to kindergarten or school themselves, because they do not want to entrust their children to someone else. It is not so much fear of low-quality services, as lack of professional services: remuneration (EUR 2.20 per hour) is too low to attract professional services.

### 1.3 Description of carers' cash benefits

There are two kinds of carer cash benefits in Latvia: the disabled child care benefit, and a supplement to the family state benefit for a child with disabilities.

**Disabled child care** benefit was introduced in January 2006. It is granted – in accordance with Cabinet Regulations No. 1607 of 22 December 2009<sup>9</sup> – to one of the child's parents or a guardian who takes care of a disabled child whose disability has been determined by the State Medical Commission for the Assessment of Health Condition and Working Ability, which has gone on to issue an opinion on the need for special care. The payment of the disabled child care benefit is terminated: a) when the time period that has been specified for the invalidity and the need for special care ends; or b) when the child reaches the age of 18. If the benefit applicant is a guardian, then information about the guardianship will be submitted to the State Social Insurance Agency (SSIA) by the orphan's court that ruled on the establishment of guardianship. The amount of the disabled child care benefit is EUR 213.43 per month. It is a net cash benefit. There was a

<sup>9</sup> The disabled child care benefit is granted in accordance with Section 7<sup>1</sup> of the Law on State Social Allowances and the Cabinet of Ministers Regulations No. 1607 (Regulations Regarding the Amount of the Disabled Child Care Benefit, the Procedures for the Review Thereof, and the Procedures for Granting and Payment of the Benefit) of 22 December 2009.

<http://www.vsa.lv/en/pakalpojumi/personam-ar-ipasam-vajadzibam/pabalsti-par-bernu-invalidu/berna-invalida-kopsanas-pabalsts>

steady increase in the numbers of recipients from 1,759 in 2011 to 2,041 in 2014, and a small decrease to 2,027 in 2015.

**Supplement to the family state benefit for a child with disabilities** is a net cash benefit that has been available since 2006. The supplement to the family state benefit for a disabled child is granted from the day on which the child's disabled status is recognised until the day the disabled child turns 18, regardless of the payment of the family state benefit. The monthly family state benefit is EUR 11.38 for the first child and EUR 22.76 for the second child and EUR 34.14 for the third and next child. The supplement to the family state benefit for a child with disabilities is EUR 106.72.<sup>10</sup>

**Benefit for a disabled person in need of care:** there are no special long-term care benefits in cash for the elderly, but there is a personal care benefit of discretionary use for disabled people, irrespective of age and income of the beneficiary. This universal state benefit for a dependant was introduced in 2008, and is granted on the basis of the formal disability status of the person (Category I or II disability) and the level of personal care needed. Assessment is based on the ability of the disabled person to perform daily activities (Barthel index); this assessment is carried out by the State Medical Commission for the Assessment of Health Condition and Working Ability.

There was a rapid increase (206%) in numbers after the introduction of this benefit: from 7,169 beneficiaries in December 2008 (the year in which the benefit was introduced) to 14,804 in December 2015.<sup>11</sup> Important changes have also occurred in the age structure of claimants: the share of persons aged 60+ has increased from 52% in 2008 to 71.6% in 2015. The amount of the benefit has increased by 33.4% – from EUR 142 to EUR 213.43 a month since July 2014.<sup>12</sup> This is a cash benefit designed to enable the person being cared for to pay for care services provided direct. The disabled person need not account for this money, and may pay it to relatives/neighbours. So quite often, it offers significant support to family members acting as carers.

New social services were announced at the end of 2012, with the aim of supporting the family members of severely disabled people and helping them to return to the labour market. Cabinet Regulations No. 942 (18 December 2012) sets out the procedure by which a person with Category I or II disability can receive **assistant's services** in the local community from 1 January 2013. This procedure requires an opinion on the need for an assistant by the State Medical Commission for the Assessment of Health Condition and Working Ability according to defined criteria. Educational institutions and municipal social services have been empowered to conclude contracts (for a month or a year) with natural or legal persons for assistant's services. The hourly rate for an assistant is calculated on the basis of the minimum wage (EUR 370 per month in 2016, or Euro 2.20 per hour). The Ministry of Welfare is the fund holder, and schools and municipal authorities function as mediators, concluding contracts.

#### 1.4 Description of carers' benefits in kind

In accordance with article 11 of the Law on State Pensions, a parent or guardian who, for at least eight years, has cared for a child who, again for at least eight years, has been recognised as disabled has the right to draw old-age pension five years before the statutory pension age, provided his/her insurance record is at least 25 years. There is an

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<sup>10</sup> The supplement to the family state benefit for a disabled child is granted in accordance with paragraph 3, section 6 of the Law on State Social Allowances and Cabinet of Ministers Regulations No. 1517 (Regulations Regarding the Amount of the Family State Benefit and the Supplement to the Family State Benefit for a Disabled Child, the Review Procedure Thereof, and the Procedures for Granting and Payment of the Benefit and Supplement). <http://www.vsa.lv/en/services/persons-disabilities/disabled-child-care-benefits/allowance-to-the-family-state-benefit-for-a-child-with-disabilities>

<sup>11</sup> Data source: Ministry of Welfare, 12 February 2016.

<sup>12</sup> Data source: State Social Insurance Agency.

additional paragraph in the Law on State Pensions about transitional provisions for women whose insurance record is not less than 20 years, who had a disabled child at an early age, and who have raised that child to the age of 8. In such cases, the woman has the right to request old-age pension at the age of 60.5 years (3 years and 3 months earlier – the statutory pension age in 2016 is 63 years and 9 months). Anyone who receives disabled child care benefit has his or her pension insurance contributions paid from the state budget (and this period is included in that person's insurance record).

Since 2016 the respite support for parents of disabled children (45 days per year) has started within the framework of a deinstitutionalisation project.

There are no relevant in-kind benefits that are provided to support carers of adult dependent relatives in Latvia. Respite support is available while disabled persons with certain disabilities are undergoing rehabilitation – either in state institutions or at annual summer camps for the parents of children with special needs (supported by Riga City Council). Short-term care for disabled people in special departments of local hospitals is available, but must be paid for. In recent years there have been indications of civil society organising itself to provide psychological support and counselling, and to exchange information through social networks and the internet. Especially active are the mothers of children with various disabilities and patients who have overcome cancer.

## **2 Analysis of the effectiveness of work-life balance measures for working-age people with dependent relatives**

### **2.1 Assessment of individual measures**

#### **Carers' leave**

There are no special rules governing carers' leave in Latvia. The only exception is sickness benefit for a child receiving care. Sickness benefit for a child aged under 14 and receiving care is granted and paid from the first to the fourteenth day of the child's sickness. The number of sick child care benefit claimants and the number of cases was fairly stable in 2012–14, when a ceiling on this kind of benefit was in forces (introduced in 2010 as part of the austerity measures) (Table 1). After the abolition of the ceiling on 1 January 2015, there was no increase in the number of days per case. However there has been a noticeable tendency for the average amount per case to rise (by EUR 29.03, or 26.5%) and for the number of beneficiaries to increase (9,340 more – a rise of 24.3%, from 38,413 to 47,753).

#### **Carers' cash benefits**

There are two carer cash benefits in Latvia for parents with disabled children. Disabled child care benefit is a net cash benefit. There was a steady increase in the number of recipients from 1,759 in 2011 to 2,041 in 2014, and then a small decrease to 2,027 in 2015.

Supplement to the family state benefit for a child with disabilities is a net cash benefit. According to SSIA data, the number of recipients increased by 5.6% in 2012–15: from 7,552 in 2012 to 7,975 in 2015. Most often, when a family has a child with a disability, parents are forced to give up paid employment – or else use paid services, which results in large additional expenses. Disabled child care benefit and supplement to the family state benefit for a child with disabilities are important means of support for carers.

#### **Employment effect**

It is difficult to assess the impact of those benefits on employment. Special research should be carried out.

As everywhere, women are more involved in caring for elderly or disabled relatives in general, and especially when such care is needed every day. However, men in Latvia do participate in the care of elderly or disabled relatives more often than the European average. The possibility of taking a day off at short notice or of accumulating hours for time off is widespread in Latvia, and follows the same patterns as European averages.

According to Labour Force Survey (LFS) data for Latvia, in 2010 there were 11,000 people in the age group 15–64 who regularly cared for children up to the age of 14 or for relatives/friends aged 15 and above. The majority – 8,000 (72.7%) – were aged 50–64. Some 54.5% of carers aged 15–64 were employed, and the level of employed women was even higher – 57.1%. The female employment rate (20–64) was 64.5% (Eurostat, LFS).

They do not receive any carer's cash benefit, carer's leave or carer's benefits in kind.

### **2.2 Assessment of overall package of measures and interactions between measures**

According to data from the European Quality of Life Survey 2012, the percentage of people able to vary their start and finish times at work in Latvia is higher than the EU average for both men (49.7%; EU: 45.5%) and women (44.1%; EU: 40.1%), and also for four of the five age groups. Such flexibility is very helpful to persons caring for dependent relatives. However, according to the European Working Conditions Survey, in

2015 only 42% of men and only 29.6% of women did not have fixed start and finish times at work. The difference between the figures for the different years is significant: 7.7 percentage points for men and 14.5 percentage points for women; in the age group 35–49 the difference is even bigger (19 percentage points). We have no clear explanation for this difference in the assessment of the situation by employees in 2012 and 2015. It needs special investigation, because such changes are not friendly to employed carers. The assistant's service – introduced in 2013 and with growing demand in 2014–15 – can be seen as an important step toward helping disabled persons and their family members; but in conditions of stable and rather high unemployment, its impact on employability needs special investigation as well.

There are no special rules concerning carer's leave in Latvia. The type of family relationship between the carer and the dependent person makes a difference in terms of entitlement to benefits. The most favourable is the policy towards a disabled child: the supplement to the family state benefit for a child with disabilities is almost 10 times the amount of ordinary family state benefit, and together with disabled child care benefit it has provided adequate support for 10 years now. The assistant's service (introduced in 2013) is in demand among the parents of disabled children as well: 850 children received assistant's support in 2015.

The benefit for a disabled adult person in need of care was introduced in 2008, and in the intervening eight years demand for it has doubled. Some 75% of its target group are aged 60+. Since 2008, its amount has increased by 33% – from EUR 142 in 2008 to EUR 213 in 2014. It provides support for severely disabled persons, but at the same time it offers important financial support for family members with dependent relatives.

The assistant's service is relatively new in Latvia, and it is still too soon to draw any general conclusions. But it is a means of support for families with dependent persons, and especially for employed carers. In October 2015, the government approved amendments to the regulations, strengthening the criteria for determining the assistant's remuneration and also the monitoring procedure.

The role of municipalities in providing different kinds of services is very important. However, there is lack of data for assessment of the situation.

### **2.3 Policy recommendations**

Carers of adult dependent family members do not have any legal status; they are not covered by old-age insurance; and they cannot receive any paid leave in case of acute necessity. At present, the opportunity to take some days or weeks as unpaid leave is at the discretion of the employer. Until now, care of adult dependants has been regarded purely as an area of family responsibility. Access to formal care support needs to be improved at the national and the municipal level, and paid leave for carers of dependent relatives needs to be introduced on the same conditions as paid leave for childcare in Latvia.

There is a strong need to develop and expand palliative care and to increase the wages of formal carers. That could contribute to the quality of care. On 16 June 2015, the Latvian government approved the "Growth and Employment" Operational Programme, which includes (section 9.2.2) the objective: "Increase quality alternatives to institutional care of social services at home and in a family environment closer to services for persons with disabilities and for children." This programme defines the use of available funding (EUR 47,209,260), the requirements for EU project applicants and cooperation partners, and the conditions for implementation until 2023. Planning regions will manage the funding allocation (Cabinet Regulations No. 313, 1 July 2015). By early 2016, some activities had already started to improve the quality of medical services for children with disabilities and to provide respite leave for their parents.

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