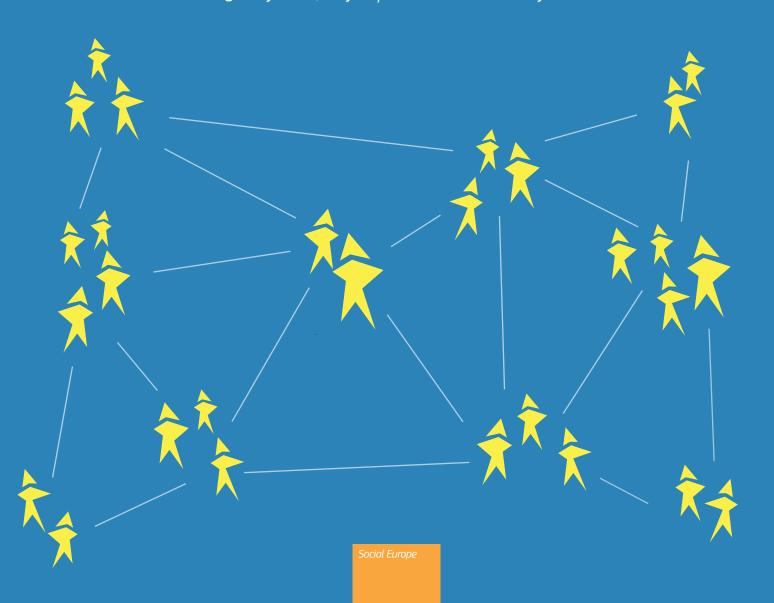


**EUROPEAN SOCIAL POLICY NETWORK (ESPN)** 

# Social protection for people with disabilities

### Latvia

Olga Rajevska, Evija Kļave and Feliciana Rajevska



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## **European Social Policy Network** (ESPN)

# ESPN Thematic Report on Social protection for people with disabilities

Latvia

2022

Olga Rajevska, Evija Kļave, Feliciana Rajevska

The European Social Policy Network (ESPN) was established in July 2014 on the initiative of the European Commission to provide high-quality and timely independent information, advice, analysis and expertise on social policy issues in the European Union and neighbouring countries.

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#### **Summary**

This report analyses some important cash and in-kind social protection provisions available to adults with disabilities (i.e. aged 18 or above). There are other important provisions available to them in other areas not covered in this report. In line with Article 1 of the UN Convention on the Rights of Persons with Disabilities, "people with disabilities" should be understood as "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".

There is a wide range of social protection measures for people with disabilities in Latvia, and almost all people with disabilities receive at least one form of support. Social insurance programmes dominate, followed by a menu of state and municipal social assistance benefits, predominantly in cash. No disability-specific old-age pension scheme exists in Latvia, and when a person with disabilities reaches the statutory retirement age, their *Invaliditātes pensija* (disability pension) is discontinued and the *Vecuma pensija* (old-age pension) begins to be paid. The levels of the benefits are determined according to the disability group and social contribution history (if any). People with an insufficient contribution record receive the flat-rate *Valsts sociālā nodrošinājuma pabalsts* (national social security allowance). People with disabilities have very low levels of old-age pensions in Latvia, due to a very individualised defined-contribution old-age public pension scheme, combined with their weaker contribution records resulting from reduced work capacity.

Disability assessment is performed by the State Commission for Health and Disability Examination, based on documentary evidence. The disability group is determined as follows: group I – loss of work capacity 80-100%; group II – loss of work capacity 60-79%; and group III – loss of work capacity 25-59%.

The range of income support measures aimed at covering disability-related healthcare is quite limited, and consists mainly in making people in disability groups I and II exempt from co-payments for state-funded healthcare services. State support for home adaptations is practically non-existent, as it only covers the interest on a loan, which people with disabilities cannot get due to their low incomes.

There is almost no difference in unemployment insurance between people with and without disabilities, except for a milder condition on the length of a contribution record if a person regains work capacity after a spell of disability. The self-employed are not covered against the risks of unemployment, occupational disease or injury at work.

The guaranteed income benefits in Latvia are inadequate, and people with disabilities have to meet the same eligibility criteria as healthy people in order to qualify for them. In 2021, 15.1% of people with disabilities in Latvia had "needy" or "low-income" status; but only 2.5% received the *Garantētā minimālā ienākuma pabalsts* (guaranteed minimum income benefit) and 9.9% received *Mājokļa pabalsts* (housing benefit). Low levels of spending, lack of human resources and highly unequal levels of support available in different municipalities are the main gaps.

The development of Latvia's disability policy during 2014-2021 was influenced by three conceptually significant aspects: 1) the principle of equal opportunities, at both policy-planning and implementation levels; 2) the establishment of disability expertise in accordance with the International Classification of Functioning, Disability and Health principles, signifying the transition from a medical model to a human rights model; and 3) understanding the internal diversity of people with disabilities as a policy target group, and the requirement for individualisation based on the specific needs of people with disabilities.

Several important reforms have featured on the public and policy agenda, such as the development of the assistant service, the increase in minimum statutory pensions, and deinstitutionalisation. Recommendations include improving information dissemination, and setting up a one-stop information and advisory service for people with disabilities. In the elaboration of new support measures, the focus should be on the needs of the target groups by applying an individual approach, and not just on their disability status.

#### 1 Access to disability-specific income support

## 1.1 Disability-specific benefits/pensions available to working-age people

#### 1.1.1 Invaliditātes pensija (Disability pension)

The *Invaliditātes pensija* (disability pension) is the principal disability-specific social insurance benefit intended to replace income lost due to disability for working-age people<sup>1</sup>. In December 2021, the disability pension was received by 74,500 people; 7% were in disability group I (very severe disability), 46% in group II (severe disability), and 47% in group III (moderate disability).

#### a) Eligibility conditions

Disability-related qualifying criteria: Disability is determined by evaluating the level of functional limitation and loss of work capacity, according to different groups: disability group I – very severe disability (loss of work capacity 80-100%), group II – severe disability (loss of work capacity 60-79%), and group III – moderate disability (loss of work capacity 25-59%). The duration of disability status may be six months, one year, two years, five years or permanent (lifelong). No entitlement if disability is caused by an accident at work or an occupational disease, in which case the compensation for the loss of work capacity is granted (see Section 1.1.3 below).

*Age*: Below the statutory pension age (in 2022: 64 years three months for both men and women).

Nationality and/or residency: Members of the social insurance scheme in Latvia (regardless of their nationality) who are residing in Latvia, an EU Member State or a country with which Latvia has concluded a social security agreement.

Waiting period: None (i.e. it is granted from the moment the disability is certified).

Contributory history: At least three years.

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: There are indirect eligibility restrictions as a result of limiting the categories of people who can be assessed for disability<sup>2</sup>. Amendments to the Disability Law are currently (April 2022) being prepared to grant easier access to disability assessment for refugees, due to the situation in respect of refugees from Ukraine.

#### b) Disability assessment framework

Type of assessment: The assessment of disability status is based on a combination of medical diagnosis and an assessment of functional limitations in carrying out certain specified activities.

Responsible authorities: The State Commission for Health and Disability Examination (SCHDE – Veselības un darbspēju ekspertīzes ārstu valsts komisija).

<sup>1</sup> That is, those who have not reached the statutory retirement age. The lower working-age limit is 15, meaning that the earliest possible age of receiving the disability pension is 18.

<sup>&</sup>lt;sup>2</sup> Those who can be assessed include: citizens and non-citizens of Latvia; citizens of an EU or European Economic Area country and Switzerland, and their family members, who legally reside in Latvia; and foreigners (including refugees) with a permanent residence permit in Latvia, and their family members. People with a temporary residence permit can be assessed only if they meet one of the following criteria: 1) they are a socially insured person having the right to social insurance services; 2) they have been granted the alternative status or are a family member of such a person; 3) they have been granted temporary protection status; 4) they have been granted a temporary residence permit due to the performance of scientific activities; or 6) they have been granted the status of a victim of trafficking in human beings (Disability Law).

*Method*: The assessment is conducted on the basis of documentary evidence without the person being present<sup>3</sup>.

Supporting evidence: An applicant must submit a medical report filled in by the attendant doctor, a self-assessment of functional abilities, and a sick-leave certificate (form B), if such has been issued, as well as other documents if the attendant doctor or the applicant consider them necessary for the assessment.

Assessor: An independent medical doctor with appropriate expertise, and when necessary also a social worker or an ergotherapist.

Decision-maker: The decision is made by an official of the SCHDE.

#### c) Benefit entitlements

Level of the benefit: The pension amount depends on the disability group. People in group III receive a flat-rate pension of  $\in 136$  per month (for people with a disability since childhood –  $\in 163$  per month). For people in groups I and II, the amount depends on the social contributions paid and the length of the insurance record. Essentially, for group I, the disability pension is equal to 45% of the person's average wage on which social insurance contributions were paid over a consecutive period of three years, out of the five years prior to disability. In the case of group II, the benefit replacement rate is 40%.

The minimum group I disability pension is  $\[ 217.60 \]$  per month (set at 160% of the group III pension), and the minimum group II disability pension is  $\[ \]$  190.40 per month (140% of the group III pension). A substantial share of pensions are minimum pensions: 41% in group I, and 38% in group II, in December 2021 (Welfare Information System [LabIS] data). No statutory maximum is defined. A review of the individual pension amount is possible once a year if: a) the disability group has changed; and/or b) the social contributions paid in the previous year increase the calculated pension (groups I and II only). Group I and II pensions are indexed annually.

Group I and II disability pension recipients who were granted their pensions before 31 December 2011 are also entitled to the *piemaksa pie pensijas* (pension supplement for service years): in addition to the amount calculated from social contributions, they receive &epsilon1.16 per month for each year of service before 1996<sup>4</sup>. The supplement amount is indexed annually together with the pension. Those who were granted a disability pension after 1 January 2012 are not entitled to the supplement.

In December 2021, the average monthly disability pension (including supplement) for group I equalled €339, for group II €305, and for group III €155.

There is no distinction in the level of the disability pension as between working and non-working recipients.

Duration of the benefit: Entitlement to the disability pension can be for a fixed period in accordance with the disability assessment. If the degree of incapacity and disability group changes, the amount of the disability benefit changes accordingly. Upon reaching the statutory retirement age, the disability pension is converted into a *Vecuma pensija* (old-age pension).

Interactions with other income or other income-related benefits: Can be cumulated with income from work and short-term social insurance benefits (unemployment benefit, maternity/paternity benefit, parental benefit, etc.). Cumulation is not possible

<sup>&</sup>lt;sup>3</sup> If the medical expert of the SCHDE has sufficient information and it is not contradictory, the disability assessment is carried out without the person being present. If the commission has insufficient or contradictory information, the assessment is carried out in the person's presence.

<sup>&</sup>lt;sup>4</sup> The supplement is €1.67 if the person has been granted disability pension and reached the statutory retirement age before 31 December 1996.

with other long-term social insurance benefits (old-age pension, service pension, survivor's pension, compensation for loss of work capacity). Claimants entitled to more than one long-term benefit are granted the highest amount.

Overall assessment: There is no evidence to suggest that there are any eligibility gaps and obstacles (except for the situation with refugees, which is very new to Latvia), and nor are there any coverage issues: in 2020, the decisions on the disability assessment were appealed in fewer than 3% of cases<sup>5</sup>. The assessment framework is fairly effective, except for the long waiting times for medical examinations. The adequacy of the benefit is very limited, though, as the average amounts quoted above are far below the at-risk-of-poverty (AROP) threshold (as defined at EU level): for comparison, the AROP threshold<sup>6</sup> for a single-person household was €567 per month in 2020.

## 1.1.2 Valsts sociālā nodrošinājuma pabalsts (National social security allowance)

Valsts sociālā nodrošinājuma pabalsts (national social security allowance) is the disability-specific non-contributory social assistance benefit for people in working-age as well as in retirement age, who lack the contribution history needed to qualify for the disability pension (Section 1.1.1). In December 2021, there were 18,000 such people, and most of them (69%) had had a disability since childhood; 17% were in disability group I, 47% in group II, and 36% in group III.

#### a) Eligibility conditions

Disability-related qualifying criteria: Disability is determined by evaluating the level of functional limitation and loss of work capacity according to different groups (see Section 1.1.1). The duration of the disability status may be six months, one year, two years, five years or permanent (lifelong).

Age: None (i.e. there are no age requirements for accessing this benefit).

Nationality and/or residency: The applicant must be a permanent resident of Latvia and must have lived in the country for at least 60 months in total, the most recent 12 months of which continuously<sup>7</sup>.

Waiting period: None (i.e. it is granted from the moment the disability is certified).

Contributory history: Not sufficient for the disability pension as per Section 1.1.1 and/or compensation for loss of work capacity as per Section 1.1.3 (i.e. less than three years).

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: None.

#### b) Disability assessment framework

Same as for Section 1.1.1 above.

#### c) Benefit entitlements

Level of the benefit: The allowance is flat-rate and its amount depends on three factors: 1) disability group (I/II/III); 2) whether the disability has existed since childhood or arose after age 18; and 3) employment status (irrelevant in the case of group III). Non-working beneficiaries receive a higher allowance, as do people with a disability since childhood. Thus, the levels vary from  $\[ \in \]$ 109 per month for a person in group III to  $\[ \in \]$ 247.52 per month for a non-working person in group I with a disability since

<sup>&</sup>lt;sup>5</sup> Authors' calculations based on the SCHDE Annual Report 2020.

 $<sup>^{6}</sup>$  60% of the median equivalised income (Eurostat online data code TESSI014).

<sup>&</sup>lt;sup>7</sup> These conditions apply to EU and non-EU nationals as well as to people with refugee status.

childhood. In December 2021, the average monthly levels were: €239 in group I, €179 in group II, and €127 in group III.

Duration of the benefit: Entitlement to the national social security allowance can be for a fixed period in accordance with the disability assessment. If the degree of incapacity and disability group change, the amount of the allowance changes accordingly. If the beneficiary is working and continues to accumulate an insurance history, they may qualify for a disability pension in due course. Payment of the allowance shall cease for the time the beneficiary is fully dependent on the state (in a state-funded long-term social care or social rehabilitation institution, or in a place of imprisonment).

Interactions with other income or other income-related benefits: Can be cumulated with income from work and short-term social insurance benefits (unemployment benefit, maternity/paternity benefit, parental benefit, etc.).

Overall assessment: There is no evidence to suggest that there are any eligibility gaps and obstacles (except for the situation with refugees, which is very new to Latvia), and nor are there any coverage issues. The assessment framework is fairly effective, except for the long waiting times for medical examinations. The adequacy of the benefit is very limited, though, as the average amounts quoted above are far below the AROP threshold (as defined at EU level<sup>8</sup>): by way of comparison, the AROP threshold for a single-person household was €567 per month in 2020 (Eurostat, online data code TESSI014).

## 1.1.3 Atlīdzība par darbspēju zaudējumu (Compensation for loss of work capacity)

The Atlīdzība par darbspēju zaudējumu (compensation for loss of work capacity) is a social insurance disability-specific benefit paid instead of the disability pension (Section 1.1.1) to working-age people if their disability is work-related, except for the self-employed. In December 2021, there were 14,800 benefit recipients.

#### a) Eligibility conditions

Disability-related qualifying criteria: Loss of work capacity of 25-100%.

Age: Below statutory pension age (in 2022: 64 years three months for both men and women).

*Nationality and/or residency*: Members of the social insurance scheme in Latvia, regardless of their nationality and place of residence.

Waiting period: None (i.e. it is granted from the moment the disability is certified).

Contributory history: At least three years since 1 January 1997.

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: Applicable if disability is caused by an accident at work or an occupational disease. The self-employed do not pay contributions for this social insurance type and are not covered.

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<sup>&</sup>lt;sup>8</sup> That is: 60% of the national median equivalised disposable income (after social transfers).

#### b) Disability assessment framework

Type of assessment: The assessment is based on a medical diagnosis.

Responsible authorities: SCHDE.

*Method*: The assessment is based on documentary evidence without the person being present.

Supporting evidence: An applicant must submit a medical report filled in by the attendant doctor, a self-assessment of functional abilities, as well as other documents if the attendant doctor or the applicant consider them necessary for the assessment.

Assessor: An independent medical doctor with appropriate expertise.

Decision-maker: The decision is made by an official of the SCHDE.

#### c) Benefit entitlements

Level of the benefit: The monthly compensation amount depends on the person's average insured wage and the percentage of lost work capacity (from 35% of the average wage for a loss of 25-29%, up to 80% for 100% loss). The compensation shall not be lower than the statutory minimum disability pension for the respective disability group (see Section 1.1.1 above). The benefit is capped at  $\{0.7,725\}$  per month (in 2022). The benefit is indexed annually to pensions. In December 2021, the average benefit was  $\{0.7,725\}$  per month.

Duration of the benefit: The compensation is paid until the person receives the old-age pension (including early retirement) or a service pension. Thereafter, if the pension exceeds the compensation, the payment of the compensation is discontinued. If the pension is lower than the compensation, payment of the compensation continues by the amount of the shortfall.

Interactions with other income or other income-related benefits: If a person is entitled to both disability pension (Section 1.1.1) and disability compensation (Section 1.1.3), the one that is more beneficial to the recipient is payable. Can be cumulated with income from work and short-term social insurance benefits (unemployment benefit, maternity/paternity benefit, parental benefit, etc.).

Overall assessment: In the case of an occupational disease, sometimes it is not that easy to collect the necessary documentary evidence proving the indubitable cause of the disease. In addition, not all workers, especially not those with relatively low educational attainment in unskilled jobs, have a clear understanding of what their occupational health conditions might be. There is a clear eligibility gap concerning the lack of coverage for the self-employed. Compared with the disability pension (Section 1.1.1), the compensation benefit is more generous.

#### 1.1.4 Valsts sociālais pabalsts personai ar invaliditāti, kas piedalījās Černobiļas atomelektrostacijas avārijas seku likvidācijā (State social allowance for people with disabilities who participated in the Chernobyl nuclear power plant accident mitigation)

The Valsts sociālais pabalsts personai ar invaliditāti, kas piedalījās Černobijas atomelektrostacijas avārijas seku likvidācijā (state social allowance for people with disabilities who participated in the Chernobyl nuclear power plant accident mitigation) is paid to people identified as having a disability due to their participation in tackling the consequences of the Chernobyl nuclear power plant (NPP) accident in 1986. In December 2021, there were 2,900 recipients of the allowance.

#### a) Eligibility conditions

Disability-related qualifying criteria: The disability is determined by evaluating the level of functional limitation and the loss of work capacity according to different groups (see Section 1.1.1).

Age: None (i.e. there are no age requirements for accessing this allowance).

Nationality and/or residency: Permanent residents of Latvia9.

Waiting period: None (i.e. it is granted from the moment the disability is certified).

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: None (i.e. the allowance is not means-tested).

*Other*: Applicable only if the disability is due to dealing with the consequences of the Chernobyl NPP accident. The number of beneficiaries cannot now increase, and all those who may have been eligible for the allowance have long since been granted it.

#### b) Disability assessment framework

Type of assessment: The assessment is based on a medical diagnosis.

Responsible authorities: SCHDE.

*Method*: The assessment is based on documentary evidence without the person being present.

Supporting evidence: An applicant must submit a medical report filled in by the attendant doctor, a self-assessment of functional abilities, as well as other documents if the attendant doctor or the applicant consider them necessary for the assessment.

Assessor: An independent medical doctor with appropriate expertise.

Decision maker: The decision is made by an official of the SCHDE.

#### c) Benefit entitlements

Level of the benefit: The allowance is flat-rate – €109 per month.

Duration of the benefit: The allowance is granted for as long as the disability status is confirmed.

Interactions with other income or other income-related benefits: Can be cumulated with income from work, short-term social insurance benefits (unemployment benefit, maternity/paternity benefit, parental benefit, etc.) and the old-age pension.

Overall assessment: There is no evidence to suggest that there are any eligibility gaps and obstacles, and nor are there any coverage issues. The assessment framework is fairly effective. The adequacy of the benefit is very limited, though, as its amount is far below the AROP threshold (as defined at EU level<sup>10</sup>): for comparison, the AROP threshold for a single-person household was €567 per month in 2020 (Eurostat, online data code TESSI014).

## 1.1.5 Kaitējuma atlīdzība Černobiļas atomelektrostacijas avārijas seku likvidācijas gadījumā (Compensation for injuries resulting from the Chernobyl nuclear power plant accident mitigation)

The Kaitējuma atlīdzība Černobiļas atomelektrostacijas avārijas seku likvidācijas gadījumā (compensation for injuries resulting from the Chernobyl nuclear power plant accident mitigation) is paid to those identified as having a disability or loss of work capacity due to participating in efforts to mitigate the effects of the Chernobyl NPP accident. In December 2021, there were 2,700 recipients of the compensation.

<sup>&</sup>lt;sup>9</sup> Formally, these conditions apply to EU and non-EU nationals as well as to people with refugee status. In fact, only citizens of the USSR participated in tackling the consequences of the Chernobyl nuclear accident in 1986, and therefore only former USSR citizens can be eligible for the compensation.

 $<sup>^{10}</sup>$  That is: 60% of the national median equivalised disposable income (after social transfers).

#### a) Eligibility conditions

Disability-related qualifying criteria: It is payable to those having a disability or loss of work capacity. Unlike other benefits, it is also payable in the cases of mild loss of work capacity (10-24%) when disability is not established. Loss of work capacity is therefore in the range 10-100%.

Age: None (i.e. there are no age requirements for accessing this benefit).

Nationality and/or residency: Permanent residents of Latvia<sup>11</sup>.

Waiting period: None (i.e. it is granted from the moment the disability is certified).

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: Applicable only if the disability or loss of work capacity is due to participating in the Chernobyl NPP accident mitigation. The number of beneficiaries cannot now increase, and all those who may have been eligible for the compensation have long since been granted it.

#### b) Disability assessment framework

Type of assessment: The assessment is based on a medical diagnosis.

Responsible authorities: SCHDE.

*Method*: The assessment is based on documentary evidence without the person being present.

Supporting evidence: An applicant must submit a medical report filled in by the attendant doctor, a self-assessment of functional abilities, as well as other documents if the attendant doctor or the applicant consider them necessary for the assessment.

Assessor: An independent medical doctor with appropriate expertise.

Decision-maker: The decision is made by an official of the SCHDE.

#### c) Benefit entitlements

Level of the benefit: The compensation depends on the level of lost work capacity and is calculated as a percentage of the nationwide average insured wage. In December 2021, the average monthly amount was €276 for people in disability groups I-III, and €220 for people with mild loss of work capacity (10-24%).

Duration of the benefit: The compensation is granted for as long as the disability or loss of work capacity is confirmed.

Interactions with other income or other income-related benefits: Can be cumulated with income from work and all kinds of social insurance and social assistance benefits. Beneficiaries have preferential regulation of old-age and disability pension indexation<sup>12</sup>.

Overall assessment: There is no evidence to suggest that there are any eligibility gaps and obstacles, and nor are there any coverage issues. The assessment framework is fairly effective. The adequacy of the benefit is rather limited, though, as the amounts quoted above are far below the AROP threshold (as defined at EU level<sup>13</sup>): for comparison, the

<sup>&</sup>lt;sup>11</sup> Formally, these conditions apply to EU and non-EU nationals as well as to people with refugee status. In fact, only citizens of the USSR participated in tackling the consequences of the Chernobyl nuclear accident in 1986, and therefore only former USSR citizens are eligible for the compensation.

<sup>&</sup>lt;sup>12</sup> In general, pensions up to 50% of the average insured wage of the preceding year are indexed in full, while larger pensions are indexed partially (i.e. only the part which is equal to the previously mentioned threshold is indexed). However, pensions of liquidators of the Chernobyl disaster are indexed in full, irrespective of their amount.

<sup>&</sup>lt;sup>13</sup> That is: 60% of the national median equivalised disposable income (after social transfers).

AROP threshold for a single-person household was €567 per month in 2020 (Eurostat, online data code TESSI014).

#### 1.2 Disability-specific old-age pension schemes

No such pension schemes exist in Latvia.

## 1.3 Income support aimed at covering disability-related healthcare and housing expenses

#### 1.3.1 Healthcare

## 1.3.1.1 Atvieglojumi valsts apmaksātu veselības aprūpes pakalpojumu saņemšanā (Reduced fees for state-funded healthcare services)

#### a) Brief description

People with disabilities are granted reduced fees for state-funded healthcare services. According to the Healthcare Financing Law (14 December 2017), people in disability groups I and II are exempt from co-payments for state-funded healthcare services, and thus receive the services free of charge. For people in group II this support has been provided from 1 January 2022. People in group I also do not make a co-payment for a home visit by a general practitioner. Total co-payments for out-patient and inpatient healthcare services¹⁴ must not exceed €570 in one calendar year. If this threshold is reached before the end of the year, patients receive a special certificate from the National Health Service (NHS) exempting them from further co-payments, meaning that the service is fully covered by the state budget. Co-payments for hospitalisation are capped at €355 per episode. However, the cap does not apply to copayments for pharmaceuticals and medical devices (Regulation of the Cabinet of Ministers No 555, 2018). Among other support measures, certain state-funded dental services, namely tooth extractions under general anaesthesia in acute cases, can be mentioned: but these only apply to people in group I due to mental disabilities and behavioural issues.

#### b) Main gaps/obstacles

People with disabilities are subject to the same gaps as society as a whole. However, access to health services for people with disabilities is undeniably particularly important. It should be noted that people in group III are not exempt from copayments. In December 2021, there were 196,211 people with disabilities in Latvia, of whom 26,736 (or 13.6%) were in group I, 87,967 (44.8%) in group II, and 81,508 (41.5%) in group III (LabIS). The most important causes of the limited accessibility of healthcare services are still the following: shortage of public funding (quotas for statefunded services); shortage of human resources; high out-of-pocket payments; regional disparities in service-provision; and low solvency of patients. Patients have to make direct payments if they apply for services normally covered by the state, but disregard the standard procedure (e.g. if a patient visits a specialist without a general practitioner's referral). Direct payments are most often required when a patient bypasses the waiting lists for state-covered services. Most often, this happens when a patient cannot wait in a queue for a state-funded service and therefore opts for a paid service. Besides that, patients have to pay the full amount for all services received from providers not contracted by the NHS.

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<sup>&</sup>lt;sup>14</sup> The limits are the same for people with and without disabilities.

#### c) Main adequacy challenges

The main challenges are related to the institutional and financial barriers to accessing health services in general, which are particularly important for people with disabilities because, on the average, they need more frequent visits to their doctor and more medical procedures. Payments made for paid health services are not considered when calculating total annual co-payments.

#### 1.3.2 Housing

#### 1.3.2.1 Atbalsts mājokļa pielāgošanai (Support for home adaptations)

#### a) Brief description

State support for home adaptations is regulated by the Cabinet of Ministers Regulation No 1170 of 21 December 2010. The support is intended to help people in disability group I, people with visual or hearing disability in group II, and children with disabilities who need special care, to afford appropriate housing adaptations. The support is provided by means of funding from the state budget to reimburse the interest paid under a loan agreement. Municipalities can set their own housing adaptation benefits.

#### b) Main gaps/obstacles

In reality, national-level support for home adaptations is almost non-existent for people with disabilities, because in order to benefit from state support, they must first obtain a loan from a credit institution. In general, people with disabilities do not have sufficient financial resources to do so. People with disabilities are one of the groups most at risk of poverty in Latvia. In 2020, 39.3% of people with disabilities were at risk of poverty or social exclusion (Eurostat, 2022), and only 40% of all people with disabilities were employed (Cabinet of Ministers Order No 557, 17 August 2021). In addition, the administrative procedure is very complicated, even more so for people with disabilities with reduced mobility. According to the Ministry of Welfare, only four people received this support between 2014 and 2019. State support payments amounted to €1,401 in 2014, €1,360 in 2015, €139 in 2017, €1,263 in 2019 (BISS, 2020:62), and €142 in 2020 (Ministry of Welfare, 2020a). In all cases from 2014 to 2019, the support for home adaptations was provided to people living in Riga municipality (BISS, 2020:62). In 2020, the total allocated amount for this support was €1,320 (Ministry of Welfare, 2020a). Most often, problems related to home adaptations are solved by finding housing that already meets the person's needs without the requirement for additional investment (ground floor locations, entrance doors of sufficient width, etc.) (BISS, 2020).

#### c) Main adequacy challenges

State support is intended to cover the interest on the loan, but the principal amount of the loan has to be paid by the people themselves. The average income of people with disabilities in 2018, including social transfers and income from work, was €461 per month (BISS, 2021). As the income of people with disabilities is generally too low to pay off the loan, the repayment of loan interest can be evaluated as an inadequate financial support for home adaptations.

#### 1.3.2.2 Servisa dzīvoklis (Service apartment)

#### a) Brief description

A service apartment is a means of assistance provided by local authorities. The conditions and possibilities for providing the service vary considerably between municipalities. According to Riga municipality regulations, a service apartment is an apartment adapted for a person with severe functional disabilities who uses a wheelchair. The doorways are wider, kitchens are adapted, all communications are at the appropriate height, and toilets and bathrooms are wider and adapted for wheelchair-users. Local authorities set the eligibility criteria and the procedure for

allocating a service apartment. For example, in Riga (the capital city), an applicant needs to present a statement from the social service department on the need for a service apartment, including a confirmation that the municipal housing owned or rented by the applicant or their family cannot be adapted for use by a person using a wheelchair. The service apartment rental contract is for up to six months (renewable) (Riga City Council Binding Regulation No 153).

#### b) Main gaps/obstacles

The service is not equally available throughout the country: service apartments are only offered in a few municipalities, and their number is very limited. According to the Ministry of Welfare, only 18 people with severe functional disabilities used service apartments in 2020 (Ministry of Welfare, 2020b). The main obstacle is the lack of municipal housing stock to accommodate such apartments (SIA "Konsorts", SIA "AC Konsultācijas", 2017).

#### c) Main adequacy challenges

Not applicable.

#### 2 Access to some key general social protection cash benefits

#### 2.1 Old-age benefits

#### 2.1.1 Vecuma pensija (Old-age pension)

#### a) Eligibility conditions

The same as for people without disabilities.

#### b) Additional amount/compensation included and adequacy issues

No additional compensation, but if a person's disability pension (Section 1.1.1) before reaching the statutory retirement age was higher than the old-age pension calculated, the old-age pension amount is equal to the disability pension previously paid (i.e. the benefit cannot fall). The inadequacy of Latvian old-age pensions was discussed in more detail in the Pension Adequacy Report (EC, 2021).

#### c) Gaps/obstacles

In Latvia there are very low levels of old-age pensions for people with disabilities, resulting from a very individualised defined-contribution old-age public pension scheme (practically lacking any strong solidarity component), combined with shorter contribution records and smaller contributions paid by people with disabilities (resulting from their reduced work capacity).

## 2.1.2 Valsts sociālā nodrošinājuma pabalsts (National social security allowance)

#### a) Eligibility conditions

The same as for people without disabilities.

#### b) Additional amount/compensation included and adequacy issues

No additional compensation, but people with disabilities without a sufficient insurance record are eligible for another type of the national social security allowance (see Section 1.1.2 above), which is higher. The amount of the allowance is absolutely inadequate for preventing poverty  $- \in 109$  per month.

#### c) Gaps/obstacles

The inadequately low level of the benefit, together with the need to collect a lot of documents to apply for it, sometimes discourages people, even those entitled to the benefit, from applying.

#### 2.2 Unemployment benefits

#### 2.2.1 Bezdarbnieka pabalsts (Unemployment benefit)

#### a) Eligibility conditions

A person is entitled to the *Bezdarbnieka pabalsts* (unemployment benefit) if they paid social contributions for at least 12 of the 16 months preceding unemployment; they also have to be registered with the State Employment Agency (SEA). Unemployed people who have regained their work capacity after a disability are entitled to receive the benefit, even if no contributions were paid on their behalf during the 16 months prior to unemployment, or they were paid for less than 12 months. Claimants must register with the SEA within one month of regaining their work capacity. Since 1 July 2021, minimum social contributions have been introduced: the contribution base cannot be lower than the statutory minimum monthly wage (€500 per month). This norm, however, does not apply to people in disability groups I and II.

#### b) Additional amount/compensation included and adequacy issues

People with disabilities are entitled to receive both the unemployment benefit and the disability pension (Section 1.1.1).

#### c) Gaps/obstacles

No specific gaps for people with disabilities. One of the main gaps concerning people with disabilities among other social groups is the exclusion of the self-employed and micro-entrepreneurs from the unemployment social insurance scheme.

## 2.3 Guaranteed minimum income schemes and other social assistance benefits

## 2.3.1 *Garantētā minimālā ienākuma pabalsts* (Guaranteed minimum income benefit)

#### a) Eligibility conditions

The same as for people without disabilities.

#### b) Additional amount/compensation included and adequacy issues

The *Garantētā minimālā ienākuma pabalsts* (GMI – guaranteed minimum income benefit) amount established at the national level is not differentiated by household type or population group. All disability-specific benefits listed in Section 1.1 are included in household income, but disability-related compensation (the transport compensation for people with disabilities, the allowance for the use of an assistant, and the allowance for a person with disabilities who needs care) are excluded from the calculation. The benefit tops the income up to  $\[ \in \]$ 109 per month for the first or only person in the household and  $\[ \in \]$ 76 per month for the other members of the household. Such amounts are not sufficient to lift the recipients out of poverty.

#### c) Gaps/obstacles

Before 2021, many local authorities had higher levels of GMI for people with disabilities, but with the introduction of the uniform country-wide GMI level, people with disabilities are not considered as a preferential group. As a result, despite the increase in the GMI

threshold from €64 to €109 per month, some people with disabilities who previously qualified for the benefit no longer do so. In 2021, 2.5% of people with disabilities (groups I-III) received the GMI benefit (LabIS).

#### 2.3.2 Mājokļa pabalsts (Housing benefit)

#### a) Eligibility conditions

The same as for people without disabilities.

#### b) Additional amount/compensation included and adequacy issues

There is additional state support for electricity expenditure by protected users, including, inter alia, people in disability group I. It is a fixed discount on monthly electricity costs. The municipalities may exercise discretion in terms of the items of expenditure supported, and may determine the co-efficient for the GMI thresholds for the household and the types of households to which the co-efficient is applied. From 1 September 2021, the discount for disability group I has been set at €5 per month. Due to an unprecedented increase in electricity prices, the discount was increased: for group I it was temporarily raised to €15 per month for the period from 1 November 2021 to 31 March 2022 (Cabinet Regulation No 345 of 1 June 2021).

#### c) Gaps/obstacles

Since 1 July 2021, a uniform calculation methodology for housing benefit has been introduced throughout Latvia. A significant change compared with the previous regulation was made: only "needy" and "low-income" people are eligible for housing benefit¹5. Due to the changes in housing benefit eligibility criteria, and the increase in the GMI threshold from €64 to €109 in 2021, certain population groups who were previously entitled to the benefit (including people with disabilities), are no longer entitled despite having had no improvement in their income. Before 2021, many local authorities had higher levels of GMI for people with disabilities, but with the introduction of the uniform country-wide GMI level, people with disabilities are not considered as a preferential group. In 2021, 9.9% of people with disabilities (groups I-III) received the housing benefit (LabIS).

#### 3 Provision of assistive technology and personal assistance

The provision of **technical aids** is regulated by the Law on Social services and social assistance, and the recently adopted Cabinet of Ministers Regulation No 878 of 21 December 2021. The following groups of people with disabilities have the right to receive technical aids if they have received an opinion from a medical practitioner regarding the need for assistive technology: 1) people with disabilities of all groups, including children; 2) people for whom the technical aids are necessary to reduce or eliminate functional disability; 3) people with a predictable disability for whom a need has been determined in their individual rehabilitation plan; and 4) people with anatomical defects requiring a prosthesis or orthopaedic footwear. The list of all 225 technical aids is approved by the Cabinet of Ministers (Appendix 2 of Cabinet Regulation No 878). The rules on how to obtain and use technical aids are very complex and extensive.

In general, the technical aids are issued on the basis of an application supported by a medical statement. A lump sum  $- \in 7.11$  – should be paid by an adult person to receive the

 $^{15}$  A "needy person" status is granted upon application to members of households where the monthly income is lower than €272 for the first person in the household and €190 for subsequent person(s); a "low-income person" status is granted upon application to members of households where the monthly income is below €436 for the first person in the household and €305 for subsequent person(s). Among people with disabilities, 6.8% had the status of a needy person and another 3.1% had a status of a low-income person in December 2021 (LabIS).

technical aid. If the person returns the technical aid within one month of receiving it, the lump sum is refunded. When receiving orthopaedic footwear and breathing aids, the person pays 20% of the price of the technical aid. Needy people are exempt from this payment. If the usage time limit for the aid has expired, and the person does not wish to join the waiting list for a new technical aid, they have the right to purchase the aid for 15% of the normal purchase price. People can also buy technical aids themselves: in such cases, they are reimbursed from the state budget, up to a maximum of  $\{8,500\}$ . People with long-term or permanent disabilities may receive state funding for the adaptation of their private car, subject to a maximum amount. In 2022, there are 2,255 people on the waiting list for various technical aids. A total of 18,268 people are projected to need technical aids in total (Cabinet of Ministers Regulation No 878 ex ante report).

A **special care allowance** is granted to a person with a disability who has been assessed by the SCHDE as needing special care for very severe functional limitations. The benefit can be used for extra care needs, technical equipment, hygiene products, etc. Medical indications for special care are determined by SCHDE doctors based on the person's medical diagnosis and the degree of functional limitation. The care allowance is granted to a person with a very severe disability who requires 24-hour care, and is generally set at €213.43 per month. Since 1 July 2019, the allowance has been €313.43 per month for people with disabilities who have a severe impairment of bodily functions, are over 18, require special care and have a disability caused by a childhood illness (Cabinet Regulation No 1608). The benefit is financed by the state budget and administered by the State Social Insurance Agency (SSIA). In December 2021, there were 15,900 recipients of the allowance.

**Sign language interpreters** are provided for adults with disabilities whose hearing impairment cannot be compensated for by technical aids. The service is available for up to 480 academic hours during the school year in vocational basic education, vocational secondary education, and higher education institutions; and up to 120 hours per year for communication with other natural and legal persons. The service is provided by the Latvian Association of Deaf People. In order to receive the service, a person or their authorised representative must apply to the service-provider, supported by a statement from an otolaryngologist or family doctor that the person has at least a third degree of hearing impairment.

The **personal assistant service** was introduced in Latvia in 2013 and immediately attracted strong demand; the number of recipients has been steadily growing (6,100 in 2014; 8,600 in 2016; 9,100 in 2018; and 11,000 in 2020). They include people in disability groups I and II, people with disabilities from childhood, and children with mental and physical disabilities. The assistant service is designed to enable people with severe disabilities to get out of the house – to go to work, to attend an educational institution, to visit a social rehabilitation service or a daycare centre, and to participate in social life. Attendance at universities and colleges was added to the above list in September 2019. A person with disabilities needs to receive an opinion from the SCHDE on the need for the assistant service.

The service is paid for by the state and contracted out by municipal social services. The overwhelming majority of personal assistants are relatives of the service recipients. According to the Latvian Association of Local Government, the average remuneration cost per assistant equalled  $\\\in 140.73$  per month in 2018. Meanwhile, the average total expenditure per service recipient was  $\\ensuremath{\in} 156.41$  per month. The average amount of service provided to clients in 2018 was 10.4 hours per week (45.18 hours per month). The average hourly rate paid to assistants was  $\\ensuremath{\in} 3.23$  (gross) (BISS, 2020).

The personal assistant service was considerably improved in July 2021 (see Section 4.2 below), but statistics for the period with the amended rules are not yet available.

An additional **benefit to cover an assistant service** is paid to people with a visual impairment in disability group I if they do not receive the special care allowance. The amount of the benefit is €17.07 per week and covers the use of an assistant's services for

10 hours per week or 40 hours per month. If a person with a visual impairment in group I has been granted an assistant benefit by the SSIA but needs the service for more than 10 hours per week or 40 hours per month, the person can request and receive an assistant service from their municipality; but in that case the total amount of the assistant service granted within the municipality will be reduced by 40 hours per month.

People in disability group I or II are entitled to an **education assistant service** on the basis of an assessment carried out by the municipality's social service department. The education assistant is provided by the educational institution. The service is up to 40 hours per week. The service is available to people attending vocational and general secondary education (except special education institutions, which receive maintenance costs from the state budget). To receive an education assistant's service, an adult in disability group I or II or their authorised representative must apply to the educational institution specifying the activities for which the assistant is needed.

#### 4 National debates, reforms and recommendations

#### 4.1 National debates

Concern over the adequacy of the social protection system in Latvia has risen up the political agenda after a critical exchange of views between the government and the Ombudsman during 2019. The result of this exchange was the filing of five lawsuits with the Constitutional Court on the non-compliance of the social benefits system with democratic principles (Rajevska, 2020a). One of the lawsuits relates to the inadequate performance of the Latvian disability pension system. The Constitutional Court heard the case on disability pensions in January 2021 (in writing), considering arguments from the Ombudsman, parliament, government, Bank of Latvia, Ministry of Economy, Ministry of Justice, Ministry of Welfare, Ministry of Finance, NGO Apeiron, Free Trade Union Confederation, Association of Latvian Local Government, and academic experts. This was one of a series of cases heard by the Constitutional Court on Ombudsman claims, and previous verdicts (on old-age pensions, social security benefits, GMI) have ordered the parliament and the government to change existing rules. So, without waiting for the court hearing, the government increased the statutory minimums at the end of 2020, and their regular updating was also enshrined in law (see Section 4.2.2 below). The Constitutional Court therefore ruled that there were no longer any grounds for continuing the proceedings, and no further need to adjudicate. With this the discussion on adequacy of disability pensions was no longer renewed.

Although minimum disability pensions more than doubled between 2019 and 2021, this did not dramatically improve their adequacy. The current minimum amount of the disability pension, even for the most severe disability, is equivalent to only 17% of the average gross salary (in Q3-2021: €1,280 per month). People with the most severe disability generally do not have an opportunity to receive additional income from work, and the disability pension is their main income source. The average disability pension (all disability groups) represents 18.5% of the average gross salary. Such replacement rates are far from being adequate and the existing system in Latvia is not consistent with the spirit and letter of the European Social Charter¹6 (Rajevska, 2020b).

In recent years, the Latvian government commissioned two extensive and in-depth studies on the situation of people with disabilities in Latvia (funded via the EU structural funds).

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<sup>&</sup>lt;sup>16</sup> The International Labour Organization Convention on Minimum Standards of Social Security (No 102, 1952), which Latvia has not ratified explicitly, but which is an integral part of the European Social Charter, provides for minimum security for disability in the same amount as the minimum security for the old-age pension (i.e. it should not be less than 40% of the average employee's salary).

- 1) A 256-page report entitled "Latvia. Disability Policy and Disability Assessment System" by the World Bank Group (World Bank, 2020). This report was prepared as part of the project "Latvia Disability assessment system development" implemented by the World Bank with funding from, and in collaboration with, the DG REFORM. The project is designed to support the Ministry of Welfare in enhancing disability assessment.
- 2) A 221-page report by the Baltic Institute of Social Sciences (BISS) entitled "Evaluation of the implementation of the United Nations Convention on the Rights of Persons with Disabilities" [in Latvian] (BISS, 2020).

The staff of the ministry were also actively involved in preparing the reports. The changes that have taken place over the last two years are cautiously encouraging, as they are aimed at filling the long-term gaps that existed, and still exist, in the support system for people with disabilities.

The results of the BISS survey of people with disabilities on public attitudes (BISS, 2020) do not show a clearly positive trend: the proportion of people with disabilities who believe that public attitudes are discriminatory increased from 17% in 2014 to 24% in 2020. Overall, in 2020, 16% of people with disabilities rated the attitude of wider society as supportive, and 52% as neutral. This indicator is also significantly influenced by the awareness of people with disabilities about discrimination and its manifestations, which is likely to have increased due to public information campaigns and other activities.

It should be noted that topics related to support for people with disabilities have been raised regularly in the country's parliament recently. Thus, at the meeting of the Social and Labour Affairs Commission on 2 February 2022, representatives of the ministries reported on the progress made on environmental accessibility for people with visual, hearing and mobility impairments, in the presence of several representatives of non-governmental organisations. It was stressed that state co-payments for orthotics, wheelchairs, and home adaptations are extremely inadequate.

As concerns the service of personal assistants, in response to the shortcomings identified during the reform, the Ministry of Welfare has already drafted amendments to the regulation and put them out for public discussion. The draft provides for the adjustment and extension of transport costs reimbursement, and these will also be applied to attendance at regular medical procedures and rehabilitation activities. On 9 February 2022, the Social and Labour Affairs Commission of the parliament heard the deputy state secretary of the welfare ministry, other experts and NGOs representing people with disabilities, on changes in the active participation of people with disabilities in work, education, sport, rehabilitation and social life (Anstrate, 2022).

Questions about the insufficient range of existing services for people with disabilities, and insufficient support for their carers, are also widely debated on Latvian public TV channels. The charity marathon "Give Five! − 2021", aimed at improving environmental accessibility for people with visual, hearing or mobility impairments, raised funds amounting to €470,000, demonstrating a great response from the public. This was the largest amount donated since the marathon was first held in 2018.

Another regular public charity programme is the initiative "Strengthen the Strong" – designed to help relatives of people with severe disabilities to take care of them at home, buy hygiene products and additional medical food, and pay for other services needed by individual patients.

As mentioned by the head of Apeirons, one of the leading NGOs representing people with disabilities, people are often not aware of what support they can get from the state or local government, as such information is not easily available to the average person. He also noted that different municipalities demonstrate different approaches, attitudes and knowledge concerning assistance to people with disabilities. People with disabilities need legal education, full information and the assistance of a mentor in order to wade through the details of the regulations (Spundina, 2022).

#### 4.2 Recent reforms and reforms currently in the pipeline

#### 4.2.1 Deinstitutionalisation

Latvia began to engage in the deinstitutionalisation (DI) process in 2015, and DI projects are expected to be completed in 2023. The strategy is aimed at moving people with mental disabilities from large residential institutions to community-based forms of housing. The target groups include: 1) adults with mental disabilities living in municipal or state social care institutions; 2) children in out-of-family care, up to age 18, living in childcare institutions; and 3) children with disabilities, living in families (providing support to them and their parents).

As noted by the BISS researchers, the DI project implementers "are developing active work with local government, which will have to ensure the sustainability of the established service system after the end of the EU funds support. As community-based services are financially intensive, the financial sustainability of the DI is one of the foreseeable problems and risks that is already being addressed in the development of the financing model of this system [...], significant problems in the context of the DI are related to insufficient human resources and in some cases also to the inadequacy of the professional competence of these specialists to perform their duties and functions. In order to ensure the sustainability of the DI, it is very important to establish inter-institutional cooperation with the Ministry of Health and the Ministry of Education and Science." (BISS, 2020:130-131).

A report by the Academic Network of European Disability Experts reflected the positions of different NGOs concerning the DI process. The Latvian Movement for Independent Living is the most active NGO in securing the right to an independent living as a crucial point in the current DI process. It argues that the DI process is fragmented, without a plan for its full implementation; there is a lack of awareness among municipalities about the content of services; in their plans to develop services, local authorities are guided mostly by their own vision, rather than the opinions of service recipients; and the DI initiatives face internal resistance in the institutional environment. Sustento, the umbrella body for disability organisations in Latvia, pointed out that "only people with intellectual and psychosocial disabilities are included in the DI process. People with physical disabilities are fully excluded from the reform, which only covers state-run institutions, whereas they predominantly live in municipal institutions" (Podziṇa, 2019).

Since 2017 the situation in the field of social services for people with disabilities has improved, in terms of the range of services and procedures for receiving them. Solutions have been sought and found to facilitate access to various services, expand the range of service-providers and develop their network. There is still a lack of information and advisory support that would be provided on a one-stop-shop basis. In solving these problems, it is very important to develop both horizontal and vertical inter-institutional cooperation.

The situation has improved in the area of environment and access to information. A plan for creating an accessible environment in Latvia for 2019-2021 has been developed; this is the first medium-term planning document, which envisages a co-ordinated set of measures for ensuring an accessible environment and information in the country; the regulatory framework for ensuring the accessibility of the environment and information has been developed; in co-operation with NGOs, methodological materials have been prepared for the observance of the principles of environmental accessibility and universal design in practice in public and private spaces.

#### 4.2.2 Raising of minimum levels of protection

The policy measures oriented towards the increase of the minimum amount of disability pensions took place together with the increase of the minimum old-age pension and the GMI when the base value for the calculation of minimum pensions was raised following the

actions of the Latvian Ombudsman in 2019. Minimum disability pension more than doubled between 2019 to 2021 (Table 1).

Table 1: Statutory monthly minimum disability pensions (2019-2023)								
Disability group	2019	2020	2021- 2022	2023 (plan <sup>17</sup> )				
I (very severe)	€102.45	€128.00	€217.60	€244.80				
II (severe)	€89.64	€112.00	€190.40	€214.20				
III (moderate)	€64.03	€106.72	€136.00	€153.00				

Note 1. For people with disabilities since childhood statutory minimums are set at 20% higher levels.

Note 2. For group III, the minimum pension amount is also the maximum one, as it is flat-rate.

However, the principle according to which the minimums are defined remained unchanged: the minimum disability pension for people in group I is set at 160% of the base, for group II at 140% of the base, and for group III at 100% of the base. Before 2021, the base was set on a discretionary basis, but the plan is for it to be linked to the median equivalised income – 25% of the median income for social insurance disability pensions (Section 1.1.1) and 20% of the median income for social assistance disability benefits (Section 1.1.2). The median for the calculation is subject to a three-year lag (i.e. the 2020 median is used for calculating the statutory minimums in 2023), making the actual percentage lower, especially during periods of high inflation. Furthermore, although the minimum base has been raised, there is no sound methodology as to why these particular co-efficients (140% and 160%) are used to define the minimum pensions of different disability groups, as well as the replacement rates used for group I and II pensions. As noted by the World Bank experts, "it seems that the choice reflects the budget constraints, rather than actuarial calculations" (World Bank, 2020:72-73).

At the end of 2021, the statutory minimums were very low compared with a number of relative benchmarks. Thus, the group III disability pension was 10.6% of the average gross wage in the third quarter of 2021 (the latest available indicator: 1,280 per month), group II and group I minimums accounted for 14.8 and 16.9% respectively. The group III disability pension was 31.5% of the average old-age pension (431.67 per month in December 2021), and group II and group I minimum disability pensions were 44.1% and 50.3% respectively.

#### 4.2.3 Personal assistants

The system for accounting for assistant services was quite cumbersome, involving the issuing of receipts and detailed reports to the municipality on the hours spent. It was criticised by service recipients, social services and the Ombudsman for excessive intrusion into people's private lives by requiring reports containing sensitive information, for excessive administrative burdens and for the lack of common criteria. A working group was established at the end of 2015 and its work has resulted in a new model launched in July 2021 (Cabinet of Ministers Regulation No 316 18 May 2021 "On assistant, companion and care services for people with disabilities").

The new model is designed to provide state support for greater participation by people with disabilities in work and education. The reporting burden for people with disabilities was reduced, and a fixed number of hours (15-160 hours per month) is allocated to a person with disability, who can use them at their own discretion. The need for an assistant is determined according to a special assessment questionnaire used by all social services. The social service verifies the person's eligibility using data held in information systems –

 $^{17}$  Cabinet of Ministers Order No 657 "On the Plan for the Development of the Minimum Income Support System 2022-2024"

whether the person is employed, enrolled in an educational establishment, etc. – so that as little information as possible has to be requested from the claimants themselves.

Proof of receipt of the service must be provided on a monthly basis. The service-provider and the recipient shall certify, by signature only, the service provided in the previous month, indicating the number of hours of service on each day, broken down by the type of activities.

The assistant contract is for the duration of the disability or for three years. If the period of disability is longer, the assistant contract is also for three years. Until the changes made last year, contracts were for one year.

The introduction of the new assistant model was preceded by a series of workshops with heads of social services and representatives of associations of people with disabilities. The welfare ministry, together with NGOs and municipal social services, carried out thorough monitoring of the implementation of the new rules, including an extensive survey of users and their family members. Experience shows that the assistant service became more popular, and the number of beneficiaries has not fallen after the introduction of the new model. Two thirds of the service-users were satisfied with the new arrangements, including the positive attitude of the social workers. In December 2021, 67% of people with disabilities aged 18-64 and 56% of those aged 65+ were allocated more hours of assistance than under the previous rules in January-June 2021.

Since July 2021, the assistant's remuneration has increased, as well, bringing it into line with the wage of carers in social care centres. The hourly rate is  $\in$ 4.50 (including social contributions and administration costs); the net pay of an assistant depends on their employment status (self-employed, company contract). The shortage of assistants is a real issue at the moment, and they are mostly parents or other relatives of the clients.

Public spending on the provision of assistant services for people with disabilities has increased significantly: €16.67 million in 2020, €23 million in 2021, and €40 million in 2022 (planned).

## 4.3 Good practice and recommendations on how to tackle gaps and obstacles

The development of Latvia's disability policy during 2014-2020, according to the assessment by the BISS researchers, was influenced by **three conceptually significant aspects**. *First*, the implementation of the principle of equal opportunities at both policy-planning and implementation levels. *Second*, the establishment of disability expertise in accordance with the International Classification of Functioning, Disability and Health (ICF) principles, has meant an ideological turn in Latvia's disability policy, laying the foundations for the transition from a medical model to a human rights model, aimed at independent and active living for people with disabilities. *Third*, an important aspect stems from the internal diversity of people with disabilities as a policy target group, determined by age, health status, type and severity of disabilities, social network, place of residence and a number of other circumstances. It is a recognition of the need to increase the degree of policy interventions – *individualisation* of specific measures by offering support and self-development measures based on the specific needs of people with disabilities (BISS, 2020).

Within the framework of the social protection field, significant policy measures were implemented during 2014-2021 and enshrined at the statutory level, including: disability is determined in accordance with the principles of the ICF; the administrative burden for a person to initiate a disability examination has been reduced; predictable disability and disability examination can be performed only by SCHDE certified doctors; the range of recipients of the assistant service has been expanded to include attendance at higher educational establishments; and the amount of care allowance for adults with disabilities from childhood has been significantly increased, which, among other things, facilitates their access to transport, assistive devices and technologies. At the same time, many problems still need to be addressed. According to the results of the BISS study, the most significant

## is the lack of human resources in the implementation of various support measures and the provision of social rehabilitation services.

Merging different public agencies' databases into the LabIS improved the quality of data due to cross-checking of records, and helped to address the shortcomings in the provision to social protection services (see Rajevska, KJave and Rajevska, 2022). Thus, when SCHDE records (namely, the expert assessment of people with disabilities on the need for special care and transport) were combined with SSIA records on allowances paid, it was revealed that hundreds of people had not received their due entitlements because they were unaware of the application process. Many of them were old-age pensioners. Starting from 1 July 2021, thanks to an initiative by the State Audit Office, these payments are now made automatically without the need to apply.

A similar practice has been implemented with the recently (in June 2021) adopted cabinet regulations regarding the electricity trade service to protected customers (including people with severe disabilities and needy and low-income households). Protected customers are entitled with a fixed rebate on their electricity bills ( $\leq 15$  or  $\leq 20$  per month), covered by the state from its general budget. Since 1 September 2021, the information system on protected customers ( $\underline{Aizsargātā}$   $\underline{lietotāja}$   $\underline{datu}$   $\underline{informācijas}$   $\underline{sistēma}$  – ALDIS) maintained by the State Construction Control Bureau has automatically transmitted and exchanged data with local authorities, the SCHDE and service-providers. Before September 2021, to receive the rebate customers had to submit an application backed with all relevant documentation, and many eligible beneficiaries were unaware of their rights. In just two months after launching ALDIS – September and October 2021 – the number of beneficiaries receiving the rebate increased by more than 20,000, or 29%, especially among people with disabilities.

Latvia should further strengthen data-collection mechanisms, ensuring that comprehensive, reliable and disaggregated data on disability and people with disabilities are collected and disseminated in line with Article 31 (statistics and data collection) of the UN Convention on the Rights of Persons with Disabilities.

We share the opinion of the World Bank experts that one of the key issues with disability policies in Latvia is that the "programs rarely talk to each other – they are not viewed as part of a range and continuum of services, rather, they are delivered as separate programs to people who request them at their personal initiative and manage to meet eligibility requirements" (World Bank, 2020:164). We also endorse the recommendation to review all disability support measures thoroughly in order to "identify gaps in support measures and identify options for a more cost-effective support to people with disabilities [...] some programs serve a small number of beneficiaries at high average cost. The review should indicate whether it is cost-effective to keep, to discontinue or transform these measures." (ibid: 169).

The close link between disability status and available support services prevents the provision of personalised and person-centred services. It is recommended that the design of newly introduced support measures should be based on an assessment of the needs of the target groups, where possible by applying an individual approach.

The welfare ministry prepared informative material entitled "Disability Support: Determination of Disability. Benefits. Services. Facilities" at the end of 2021 (in Latvian). It is vitally important to not only make the brochure available – in printed form and electronically –to social workers and the NGOs dealing with people with disabilities, but also disseminate it in clinics and hospitals, social services, daycare centres and other public places to educate and inform society about the benefits, services and facilities available to people with disabilities.

Despite the information materials on support services available to people with disabilities, it is recommended that the information dissemination process be improved. For this purpose, a one-stop information and advisory service should be set up for people with disabilities. The aim of such a service would be to provide comprehensive information on the services available and appropriate for each person, their combination and sequencing. This service, combining both information and counselling support, could be provided by both the SCHDE and the social services in municipalities.

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