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European Disability Expertise (EDE) provides independent scientific support to the Commission's policy Unit responsible for disability issues. It aims to mainstream disability equality in EU policy processes, including implementation of the United Nations Convention on the Rights of Persons with Disabilities.

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¹ For an introduction to the Semester process, see:
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1 Executive summary and recommendations

1.1 Key points and main challenges for Latvia in 2022

Disability and the labour market

The employment rate of persons with disabilities continues to improve in 2021-2022, with the share of persons with disabilities registered in the State Employment Agency rising to 13.8 % of the registered unemployed. A growing number of people indicate disability or illness as the main reason for not seeking a job. In 2021-2022, amendments were made to the laws and regulations regulating employment, including new support measures for employers in social enterprises and new target groups, making changes to the conditions of support measures, extending the duration of receipt of support, or increasing the funding of training unemployed people. In order to provide support to persons with disabilities and support to employers who employ or intend to employ persons with disabilities, the establishment of a consultative support centre for persons with disabilities was launched in 2022.

Disability, social policies and healthcare

By 2020, the number of persons with disabilities at risk of poverty decreased, but the data for 2021 indicate a sharp increase. Because of the increase in prices of energy resources, the increase in the cost of living, the effects of the war in Ukraine and the resulting consequences, the lag in state support to persons with disabilities puts persons with disabilities at greater risk of falling into poverty. New short-term policy planning documents have been adopted in the areas of social services and health services. The 'Plan for the Improvement and Development of Social Services for 2022-2024'² aims to promote the smooth development of social services that meet the needs of individuals. 'Strategy for Public Health for the period 2021-2027'³ does not identify persons with disabilities as a specific target group.

Disability, education and skills

The data available for analysis in the field of education are not complete. Available data indicate that the number of children studying in special education programmes in general education institutions continues to increase in 2020-2021. In 2021, the overall share of young people aged 18-24 had increased by one percentage point, especially for women. The short-term policy planning document in the field of education for 2021-2023 is under development.

Investment priorities for inclusion and accessibility

For the implementation of the Recovery and Resilience Plan (RRP) in 2022, an informative report was approved on the allocation of investments to the Social Integration State Agency for the establishment of a single centre for the development of social integration competencies. Within the RRP, the Cabinet of Ministers adopted Regulation No. 442 on the granting of investments for the development of a standard

² Plan on Improvement and Development of Social Services 2022-2024 - Cabinet of Ministers, Order No. 231, (*Par Sociālo pakalpojumu pilnveidošanas un attīstības plānu 2022.-2024. gadam*), 2022, <https://likumi.lv/ta/id/331256-par-socialo-pakalpojumu-pilnveidosanas-un-attistibas-planu-2022-2024-gadam>.

³ 'Strategy for Public Health for the period 2021-2027' - Order No. 359 '*Sabiedrības veselības pamatnostādnes 2021.-2027. gadam*', <https://likumi.lv/ta/id/332751-sabiedribas-veselibas-pamatnostadnes-2021-2027-gadam>.

construction project to provide care services close to the family environment for persons of retirement age. In 2022, the implementation of EU Structural Funds 2014-2020 projects, which have been extended until the end of 2023, continues. Within the framework of the 2021-2027 programming period in June 2022, the Cabinet of Ministers has approved the European Union Cohesion Policy Programme 2021-2027.

1.2 Recommendations for Latvia

These recommendations are based on the evidence and analysis presented in the following chapters of our report.

Recommendation: Introduce a joint (possibly across the EU) approach to collecting statistical data on the employment of persons with disabilities. Involve persons with disabilities representing NGOs in the work of the newly established consultative centre for employees with disabilities and employers.

Rationale: State Social Insurance Agency accounts person to be employed if the person was an employee or a self-employed person during the period of employment for at least one day. Suppose the policy aims to promote an inclusive labour market for all and quality jobs by supporting long-term participation in the labour market. In that case, including a single-day person with disabilities in the total number of persons with disabilities provides inaccurate employment rates. Establishing a consultative centre for employees with disabilities and employers without involving persons with disabilities representing NGOs will not comply with the essential for persons with disabilities principle ‘Nothing about us without us’.

Recommendation: To index not only the disability pension but also the state social security benefit for persons with disabilities at least twice a year and to determine an adequate amount of the transport and care allowance for persons with disabilities. Increase public funding for access to rehabilitation services, reduce direct payments of patients in the healthcare field and prevent co-payments of customers providing technical aids.

Rationale: A faster government response is needed to bridge the growing gap between poverty rates for persons with disabilities and the rest of the population.

Recommendation: To include data on persons with disabilities in the National Education Information System to comply with the State’s obligations under Articles 24 and 31 of the Convention on the Rights of Persons with Disabilities.

Rationale: Data on the number of persons with disabilities in the education system, from pre-primary education to lifelong learning, are unavailable and not collected, thereby influencing the development of appropriate policies.

Recommendation: Policy planning documents ensure using a single term, ‘persons with disabilities’, and adequate data collection to evaluate the results of specific support objectives.

Rationale: Different interpretable terms are used in policy planning documents, so it will not be possible to assess the impact of specific objectives on persons with disabilities.

2 Mainstreaming disability equality in the 2022 Semester documents

2.1 Country Report (CR) and Country Specific Recommendation (CSR)

The following key points highlight where a disability perspective was considered, or should be considered, in the CR/CSR. We address the most relevant of these in the next chapters.

In the 2022 Country Report Latvia⁴ one of the main challenges remains inclusive and socially fair recovery, as:

- The risk of poverty and social exclusion remains high. The situation is particularly poor for older people, the unemployed and persons with disabilities.⁵ ‘The depth of poverty is increasing (from 24 % in 2016 to 28.6 % in 2020) to one of the highest in the EU. Poverty or social exclusion risks for older people aged 65+ (at 43.1 %) and for persons with disabilities (at 39.3 %) remain among the highest in the EU.’⁶
- Social assistance is of low adequacy.⁷ ‘Despite the increases, the income of the recipients of the minimum income support, pensions and disability benefits falls well below the poverty line.’⁸ ‘However, with the minimum income amount set at EUR 109 in 2021, the net income of the benefit recipients still falls well below the poverty line [..].’⁹
- Access to services (including long-term care, social housing and individual needs-based social services) for vulnerable groups (older people, persons with disabilities, the unemployed) is limited.¹⁰
- The provision of accessible and timely health services is limited.¹¹

Persons with disabilities are directly or indirectly covered by the Country Report 2022 on measures to reduce poverty and social inclusion, which have been and will be implemented under the Recovery and Resilience Plan 2022-2023, including:

- The introduction of an annual indexation mechanism to the minimum income and setting the minimum income level at 20 % of median income in 2023.
- Investments in accessibility and rehabilitation infrastructure for persons with reduced mobility and disabilities, as well long-term care investments for older people.

⁴ Commission Staff Working Document 2022 Country Report Latvia, accompanying the document ‘Recommendation for a Council Recommendation on the 2022 National Reform Programme of Latvia and delivering a Council opinion on the 2022 Stability Programme of Latvia’. European Commission, 2022, https://ec.europa.eu/info/system/files/2022-european-semester-country-report-latvia_en.pdf. Subsequent mention: Country Report 2022.

⁵ Country Report 2022, p. 3.

⁶ Country Report 2022, p. 48.

⁷ Country Report 2022, p. 3.

⁸ Country Report 2022, p. 12.

⁹ Country Report 2022, p. 48.

¹⁰ Country Report 2022, p. 3.

¹¹ Country Report 2022, p. 3.

- ‘By the end of 2023, work contracts to adapt the dwellings of more than 200 persons with disabilities will have been concluded and legislative amendments to improve the minimum income support system will have entered into force.’¹²

In the 2014-2020 analysis of the European Structural and Investment Funds (ESIF) funding granted to Latvia, it is noted that in 2014-2020 from European Social Fund (ESF) support package totalling EUR 255 million was spent on active labour market policy measures (including those targeting young people, long-term unemployed and persons with disabilities) and EUR 50.5 million was allocated to community-based social services for persons with disabilities and children in out-of-family care (nearly 600 persons with mental disabilities and 2 300 children with functional impairments have received support for independent living in the community).¹³

Analysis of recommendations directly or indirectly related to disability indicates that:

- ‘Some Progress’ is noted on 2019 Country Specific Recommendation (CSR) 2 to ‘Address social exclusion notably by improving the adequacy of minimum income benefits, minimum old-age pensions and income support for people with disabilities.’;
- Limited Progress is noted on 2019 CSR 2 to ‘Increase the accessibility, quality and cost-effectiveness of the healthcare system’ and on 2020 CSR 1 to ‘Strengthen the resilience and accessibility of the health system including by providing additional human and financial resources’.¹⁴

Disability is mentioned in the CSR in relation that ‘Latvia’s public expenditure on healthcare and social protection are particularly low compared to the EU average, hampering timely and equal access to healthcare and adequate social assistance’.¹⁵

As a result:

- income inequality is some of the highest – the minimum income, minimum pensions and disability benefits fall below the poverty line;
- access to and quality of social assistance and services for vulnerable groups is limited and further hinders social inclusion;
- the long-term care system is underdeveloped, supply of home care and community-based services is limited;
- social housing is scarce and often does not provide adequate living conditions;
- social assistance varies across municipalities and is often not targeted enough.¹⁶

¹² Country Report 2022, p. 6.

¹³ Country Report 2022, p. 24.

¹⁴ Country Report 2022, p. 28.

¹⁵ Recommendation for a Council Recommendation on the 2022 National Reform Programme of Latvia and delivering a Council opinion on the 2022 Stability Programme of Latvia, 2022, p. 7, https://ec.europa.eu/info/system/files/2022-european-semester-csr-latvia_en.pdf. Subsequent mention: Country Specific Recommendation.

¹⁶ Country Specific Recommendation, pp.7-8.

Key recommendations of relevance include:

- targeted support to households most vulnerable to energy price hikes;
- support to people fleeing Ukraine;
- investment for the green and digital transition;
- strengthening the adequacy of healthcare and social protection;
- implementation of recovery and resilience plan and previous CSRs.¹⁷

There are no new recommendations addressing labour market or social policy issues (beyond tax reforms).

2.2 National Reform Programme (NRP) and Recovery and Resilience Plan (RRP)

The following key points highlight where the situation of people with disabilities or disability policies is relevant to the National Reform Programme (NRP) and the Recovery and Resilience Plan (RRP). We analyse the most relevant of these in the next chapters.

In the Progress Report on the National Reform Programme of Latvia (2022 NPR)¹⁸ persons with disabilities are subject to the following relevant topics:

- Concerning guaranteed minimum income and strengthening of the social security network – increase of the minimum disability pension and the amount of the state social security benefit for seniors and people with disabilities; payments of single benefits to people with disabilities, families with children with disabilities and seniors to reduce the negative impact of the COVID-19; increase of monthly support for electricity settlements by EUR 10; increase of housing benefit to a separately residing person of retirement age or a separately residing person with disabilities due to growing electricity and heat prices.¹⁹
- Concerning education and employment – improvement and evolution of existing active labour market policy (ALMP) measures, increase of share of persons with disabilities registered with the State Employment Agency (or Public Employment Service – PES) from 4.1 % in 2009 to 13.8 % in 2022; additional grant (up to EUR 1 000) for adaptation of a workplace if a person with a disability starts a new business; establishment of consultative support centre for persons with disabilities; introduction of a single wage grant (new form of support) for social enterprises employing persons with disabilities or mental disorders who have had the unemployed status before starting employment and planned compensations of the State social insurance mandatory contributions made by the social enterprises for their employees with mental or other disabilities.²⁰

¹⁷ Country Specific Recommendation, pp. 10-11.

¹⁸ National Reform Programme of Latvia 2022 Progress Report, 2022, https://ec.europa.eu/info/sites/default/files/2022_nrp_latvia_en.pdf. Subsequent mentions: NRP Progress Report 2022.

¹⁹ NRP Progress Report 2022, pp. 14-17.

²⁰ NRP Progress Report 2022, pp. 34- 37.

- Concerning healthcare – exemption of persons with II Disability group (severe disability) from patient co-payment when receiving state-paid healthcare services (visiting a family doctor or specialty doctors, having examinations, surgeries and others); persons who are in a long-term social care and social rehabilitation institution inclusion in the range of persons entitled to state-paid family doctor's home visits, provision of additional funding to ensure the introduction of state-paid diagnostic services for children with autism spectrum disorders.²¹

In the Recovery and Resilience Facility Plan of Latvia for 2021-2026 components (2) Digital transformation; (3) Inequality reduction; and (4) Health apply to persons with disabilities.²² Key measures of relevance include improving the digital skills of people (including people with disabilities); improving the availability of social services and employment, promotion of the provision of general secondary education and promotion of access to housing; as well as implementation of measures that will strengthen the resilience and accessibility of the health sector. A detailed description is provided in the European Semester 2021-2022 country fiche on disability equality, Latvia.

The summary published by the European Commission²³ 'Latvia's Recovery and Resilience Plan' does not have a direct reference to disability.

2.3 Semester links to CRPD and national disability action plans

It is important that Semester plans align with national disability strategy. In Latvia, this refers to the Guidelines for implementation of the UN CRPD, developed for the period 2014-2020²⁴ and Implementation Plan for 2018-2020 of the United Nations Convention on the Rights of Persons with Disabilities (2018-2020).²⁵ The most recent action plans are the Plan for creating accessibility 2019-2021²⁶ and the Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021-2023.²⁷ The Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021-2023 is not mentioned in the 2022 NRP.

²¹ NRP Progress Report 2022, pp. 40-43.

²² Cabinet of Ministers (2021), *Eiropas Savienības atveseļošanas un noturības mehānisma plāns Latvija 2021-2026* (Recovery and Resilience Facility Plan of Latvia for 2021-2026), <https://www.esfondi.lv/normativie-akti-1>. Subsequent mentions: Recovery and Resilience Plan of Latvia (2021).

²³ An official website of the European Union, https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/latvias-recovery-and-resilience-plan_en.

²⁴ Cabinet of Ministers (2013), Order No. 564 'On the Guidelines for the Implementation of the UN Convention on the Rights of Persons with Disabilities in 2014-2020', <https://likumi.lv/ta/id/262238-par-apvienoto-naciju-organizācijas-konvencijas-par-personu-ar-invaliditāti-tiesībām-istenošanas-pamatnostādņem-2014-2020-gadam>.

²⁵ Cabinet of Ministers (2018), Order No. 67 'On the Implementation plan 2018-2020 of the Guidelines on the Implementation of the UN Convention on the Rights of Persons with Disabilities 2014-2020', <https://likumi.lv/ta/id/303670-par-apvienoto-naciju-organizācijas-konvencijas-par-personu-ar-invaliditāti-tiesībām-istenošanas-pamatnostādņu-2014-2020>.

²⁶ Cabinet of Ministers (2019), Order No. 113 'On the Plan for Creating an Accessible Environment in Latvia 2019-2021', <https://likumi.lv/ta/id/305520>.

²⁷ Cabinet of Ministers (2021), Order No. 577, *Plāns personu ar invaliditāti vienlīdzīgu iespēju veicināšanai 2021.-2023. gadam* (Plan to Promote Equal Opportunities for Persons with Disabilities for 2021-2023), <http://polsis.mk.gov.lv/documents/7167>. Subsequent mentions: Plan to Promote Equal Opportunities for Persons with Disabilities (2021).

Relevant recommendations arising from participation in the United Nations Convention on the Rights of Persons with Disabilities (CRPD) are highlighted in the following chapters. The last UN CRPD Committee recommendations to Latvia were in 2017, the most recent submission by Latvia was in 2021 and the most recent response from the Committee was the 2017 Concluding Observations.²⁸

²⁸ UN Treaty Body Database:
https://tbinternet.ohchr.org/_layouts/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=4&CountryID=95.

3 Disability and the labour market – analysis of the situation and the effectiveness of policies

In 2017, the UN CRPD Committee made the following recommendations to Latvia:

[Article 27 UN CRPD](#) addresses Work and Employment.

‘47. The Committee recommends that the State party: (a) Ensure support for the employment of all persons with disabilities in the open labour market in inclusive employment settings on an equal basis with others; (b) Pay attention to the links between Article 27 of the Convention and target 8.5 of the Sustainable Development Goals.’

The most recent CRPD development is the 2017 Concluding Observations and the state’s submission in 2021.²⁹

3.1 Summary of the labour market situation of persons with disabilities

According to the Social Scoreboard indicator, cited in the Semester package, the disability employment gap in Latvia is considered among the ‘Best performers’.

Data from EU-SILC indicate an employment rate for persons with disabilities in Latvia of 62.2 % in 2020, compared to 78.4 % for other persons. This resulted in an estimated disability employment gap of approximately 17 percentage points in 2020 (estimated EU27 average gap 24.5, see Tables 2-4) or an employment chances ratio of 0.8. Updated data from Eurostat estimate that this disability employment gap remained at 16.6 points in 2021.³⁰

The same data indicate unemployment rates of 14.7 % and 9.6 %, respectively in 2020 (see Tables 5-7) and the economic activity rate for persons with disabilities in Latvia was 72.9 %, compared to 86.8 % for other persons (see Tables 8-10). These indications are broken down by gender and age in the respective tables in Annex, but more recent estimates are not available.

Due to the impact of the COVID-19 crisis on employment in 2020-2021, some caution is needed when interpreting trend data.

According to the Central Statistical Bureau (CSB) in 2020, there were 426.2 thousand inactive residents in Latvia, of which 10.2 % or 43.3 thousand were those who self-reported themselves as disabled or permanently disabled persons. In 2021, the number of inactive population increased to 446.9 thousand, 10.9 % or 48.7 thousand were disabled or permanently disabled persons. The number of inactive population in the first half of 2022 decreased to 435.6 thousand, while the number of disabled or permanently disabled persons increased to 49.4 % in Q1 2022, reaching one of the highest shares (11.3 %) since 2008, but in Q2 2022 decreased to 46.3 thousand or 10.6 % of the inactive population. In 2021, the number of inactive men increased from 171.3 thousand in 2020 to 182.4 thousand in 2021. The number of inactive men with

²⁹ UN Treaty Body Database:

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en.

³⁰ Eurostat: https://ec.europa.eu/eurostat/databrowser/view/hlth_dlm200.

disabilities has increased from 24.5 thousand to 25.5 thousand. Given that the total number of inactive men has increased, the share of men with disabilities has decreased to 14.0 % compared to 2020, reaching its lowest level in the last three years. In 2019, the rate was 16.1 %, which, in turn, was the highest since 2008. Between 2015 and 2020, the number of inactive women decreased. Data for 2021 indicate an increase in inactive women from 247.1 thousand in 2020 to 264.4 thousand in 2021. The number of inactive women with disabilities was highest in 2016 at 25.7 thousand, and the lowest in 2018 was 17.3 thousand. Compared to 2020, when the number of inactive women with disabilities was 18.3 thousand, the number of inactive women with disabilities has increased to 21.6 thousand, but the share has increased to 8.2 %, reaching the highest level in the last four years (the share was 6.8 % in 2018) (see Tables 11-12).

The number of persons indicating disability or illness as the main reason for not seeking work continues to increase. In 2020, 55.1 thousand or 13.2 % of the total inactive population; in 2021, 62.3 thousand or 14.1 %, but in Q2 2022, 61.7 thousand or 14.4 % of persons indicated disability or illness (see Table 13).

Analysis of inactive population data indicates that between 2011 and 2021, the proportion of the inactive population by reason of own illness or disability of the total inactive population, and the share of men with disabilities in the inactive population, has increased by five percentage points. The share of persons with disabilities in the inactive population has increased by 1.8 percentage points, while the share of women with disabilities among inactive people has increased by 1.7 percentage points (see Table 14).

National data indicate that compared to 2020, the number of adults with disabilities in 2021 increased by 8.0 % (in 2020 there were 193 154, but in 2021, 207 686 persons with disabilities). 2021 data on the proportion of employed persons with disabilities and data on the number of persons with disabilities employed in subsidised workplaces are not publicly available,³¹ however, data received on request from the Ministry of Welfare (MOW) show that the share of employed persons with disabilities is increasing, but the share of subsidised workplaces decreases. If in 2020, 26.8 % of adults with disabilities were employed for shorter or longer periods, the share of adult workers with disabilities increased to 34.0 % in 2021. 638 persons with disabilities were employed in the subsidised workplaces in 2020, and in 2021 there were 360 persons with disabilities (see Tables 15-16).

The overall unemployment rate in 2021 (7.9 %) has decreased compared to 2020 (8.4 %) but is higher than in 2019 (6.5 %) and 2018 (7.6 %) (see Table 17). In 2020, PES had 69 605 registered persons. Their number decreased to 60 774 persons in 2021, but data for January 2022 show an increase to 62 270 persons. The number of persons with disabilities registered with PES was 8 583 or 12.3 %; in 2021, 8 413 or 13.8 % and in January 2022, 8 614 or 13.8 % of the total number of registered persons (see Table 18).

³¹ Data are available on the website of the Ministry of Welfare until 2020 (inclusive). Current data entry is delayed due to the geopolitical situation (COVID-19 pandemic, war in Ukraine and refugee issues).

3.2 Analysis of labour market policies relevant to the Semester

For reference, see the 2022 National Reform Programme, the Recovery and Resilience Plan for Latvia and the Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021-2023.³²

The RRP of Latvia for 2021-2026³³ does not specify directly targeted measures for persons with disabilities. The inequality reduction component of the plan emphasises on investment in the training of the unemployed, which will allow for the extension of active employment measures. More precise measures and results of the implementation of activities are reflected in the employment-related policy planning documents – Strategy on Social Protection and Labour market Policy for 2021-2027³⁴ (Strategy 2021-2027) and Plan for Promoting Equal Opportunities for Persons with Disability for 2021-2023³⁵ (Plan 2021-2023). Both policy planning documents are analysed in the European Semester 2021-2022 country fiche on disability equality, Latvia.

The Strategy 2021-2027, as any other policy planning document, includes issues related to persons with disabilities according to the mainstreaming principle. Consequently, any task or result to be achieved for the unemployed, job seekers, those at risk of unemployment, those at pre-retirement age, young people not in education or employment, those with low basic skills or workers in general also applies equally to persons with disabilities. Mainstreaming without disaggregation makes it difficult to assess the impact of the measures taken on persons with disabilities, as separate data on persons are not collected in public databases (with certain exceptions, for example, on the websites of the MOW, PES or SSIA). However, additional resources, such as specific data selection or studies, are needed for detailed evaluation.

The 2022 NPR refers to disability several times, mainly about:

- improvement and evolution of existing ALMP measures;
- additional support for adaptation of a workplace if a person with a disability starts a new business;
- establishment of a consultative support centre for persons with disabilities;
- introduction of a new support form for social enterprises employing persons with disabilities or mental disorders who had unemployed status before starting employment.³⁶

These measures relate to the implementation of the CSR 2019.

³² Plan to Promote Equal Opportunities for Persons with Disabilities (2021).

³³ Recovery and Resilience Plan of Latvia (2021).

³⁴ Cabinet of Ministers (2021), Order No. 616, *Sociālās aizsardzības un darba tirgus politikas pamatnostādnes 2021.-2027. gadam* (Strategy on Social Protection and Labour market Policy for the period 2021-2027), <https://likumi.lv/ta/id/325828-par-socialas-aizsardzibas-un-darba-tirgus-politikas-pamatnostadnem-2021-2027-gadam>. Subsequent mentions: Strategy on Social Protection and Labour market Policy (2021).

³⁵ Plan to Promote Equal Opportunities for Persons with Disabilities (2021).

³⁶ NRP Progress Report 2022, pp. 34-37.

In 2021 and the first half of 2022, the Cabinet of Ministers (Cabinet) Regulations have been amended several times, which lays down the arrangements for the organisation and financing of active employment measures and preventive measures to reduce unemployment,³⁷ including the support measures indicated in the 2022 NPR, for example, extending the duration of subsidised employment from 12 to 18 months for unemployed persons with Group I and II disability, but for unemployed persons with mental disabilities in all disability groups and covering mandatory state social insurance contributions (MSSIC) for all employers; the introduction of a new target group – young people graduating from special education programmes in the subsidised employment programme; the extension of the duration of the involvement of unemployed persons with disabilities from 6 to 12 months for the acquisition of work skills in non-governmental organisations, the increase of the scholarship from EUR 10 to EUR 15 per day and the introduction of MSSIC pension insurance in the event of the development of skills necessary for work; the financing of workplace adjustments for workers with disabilities (until the amendments were made, such adaptations were financed only for the unemployed); the introduction of skills acquisition measures for workers with disabilities (non-formal education programmes, modular programmes, online courses) to reduce unemployment risks or increase the cost of training unemployed³⁸ or increasing the cost of training unemployed.³⁹ Amendments⁴⁰ have also been made to the Social Enterprise Law,⁴¹ including provisions aimed at promoting support for social enterprises for creating sustainable jobs for persons with disabilities.

In 2022, the MOW and the PES started preparations for the establishment of the Consultative Support Centre for Persons with Disabilities (CSCPD), providing information to organisations representing persons with disabilities, as well as listening to the NGOs' vision of the tasks to be performed by such a support centre. The CSCPD activities are planned in two directions: support for persons with disabilities and support for employers who employ or plan to employ persons with disabilities. In general, the CSCPD will provide consultations and individual support to persons with disabilities and implement motivational and mentoring measures. For persons with mental disabilities, the CSCPD will provide a personal support service: an introduction mentor will help the person to integrate into the workplace, understood as participation in negotiations with the employer, support in acquiring and executing the tasks

³⁷ Cabinet of Ministers (2011), Regulation No. 75, *Noteikumi par aktīvo nodarbinātības pasākumu un preventīvo bezdarba samazināšanas pasākumu organizēšanas un finansēšanas kārtību un pasākumu īstenotāju izvēles principiem* (Regulations Regarding the Procedures for the Organising and Financing of Active Employment Measures and Preventative Measures for Unemployment Reduction and Principles for the Selection of Implementers of Measures),

<https://likumi.lv/ta/id/225425-noteikumi-par-aktivo-nodarbinatibas-pasakumu-un-preventivo-bezdarba-samazinanas-pasakumu-organizesanas-un-finansesanas-kartibu-un-pasakumu-istenotaju-izveles-principiem>. Subsequent mentions: Regulation No. 75 (2011).

³⁸ Cabinet of Ministers (2021), Regulation No. 764, Amendments to the Regulation No. 75 (2011), <https://likumi.lv/ta/id/327856-grozijumi-ministru-kabineta-2011-gada-25-janvara-noteikumos-nr-75-noteikumi-par-aktivo-nodarbinatibas-pasakumu-un-preventivo-be>.

³⁹ Cabinet of Ministers (2022), Regulation No. 368, Amendments to the Regulation No. 75 (2011), <https://likumi.lv/ta/id/333490-grozijumi-ministru-kabineta-2011-gada-25-janvara-noteikumos-nr-75-noteikumi-par-aktivo-nodarbinatibas-pasakumu-un-preventivo-be>.

⁴⁰ Saeima (2022), *Grozījumi Sociālā uzņēmuma likumā* (Amendments to the Social Enterprise Law), <https://likumi.lv/ta/id/329474-grozijumi-sociala-uznemuma-likuma>.

⁴¹ Saeima (1995), *Sociālā uzņēmuma likums* (Social Enterprise Law), <https://likumi.lv/ta/id/294484-sociala-uznemuma-likums>.

specified by the job manager, assistance in the formation of communication and communication skills with the employer, work managers and colleagues, psychological and motivating support, as well as to comply with the rules of the agenda and work duties. The CSCPD will advise employers on the specifics of employment of unemployed persons and persons with disabilities at risk of unemployment according to the type of functional disorders, including the creation of a hot telephone line to provide operational support in crisis and provide advice on other issues related to the employment of persons with disabilities. At the time of drawing this report, it is known that the specified activities will be procured as outsourced activities, but it was not known whether organisations representing persons with disabilities will be involved in the work of the CSCPD. In the light of national public procurement procedures and PES practices,⁴² there is a potential risk of non-compliance with the principle of 'Nothing about us without us', which is essential for persons with disabilities. It is also not possible to assess the impact of the CSCPD on promoting the employment of persons with disabilities.

The implementation deadline of seven (of the ten) listed measures in the Plan 2021-2023⁴³ is the second half of 2022 or 2023. Measures in the direction of action: 'Work and employment' have been partially implemented in 2021:

- amendments have been made to the Social Enterprise Law;
- the evaluation of the effectiveness of existing support services for the inclusion of unemployed persons with disabilities in the labour market is carried out together with the establishment of the CSCPD, and therefore information is not publicly available;
- the question of organising a think tank to introduce quotas for the inclusion of persons with disabilities in employment has become obsolete.

Given the three-year deadline for implementing the Plan 2021-2023, assessing the impact of the planned measures will only be possible after the expiry of the deadline. Nevertheless, it is already possible to say that some of the measures included in the Plan 2021-2023 to improve the knowledge of employers and professionals and to provide individualised support for persons with disabilities, the diversification of support mechanisms for employers in the open labour market should continue for the coming years.

In order to assess the impact of policies on the employment of persons with disabilities, it is necessary to introduce a common approach (possibly across the EU) to collect statistical data. A person is considered employed in the SSIA accounting if the person was employed or self-employed during the employment period for at least one day. If the policy objective is to promote an inclusive labour market for all and quality jobs by

⁴² On the State Employment Agency website, in the section 'Highlights', the SEA invites employers who employ or plan to employ people with disabilities to participate in free consultations on employment issues for persons with disabilities. It is apparent from the description that a specialist in the employment of people with disabilities will be consulted, representing an NGO whose information is not publicly available and is not publicly recognised as an organisation active in the field of disability. For more information see: <https://www.nva.gov.lv/lv/jaunums/nva-aicina-darba-devejus-kuri-nodarbina-vai-plano-nodarbinat-cilvekus-ar-invaliditati-piedalities-bezmaksas-konsultacijas-par-personu-ar-invaliditati-nodarbinasanas-jautajumiem>.

⁴³ Plan to Promote Equal Opportunities for Persons with Disabilities (2021), pp. 40-43.

supporting long-term labour market participation',⁴⁴ including a single-day working person with disabilities in the total number of people with disabilities provides inaccurate employment rates.

⁴⁴ Strategy on Social Protection and Labour market Policy (2021), p. 8.

4 Disability, social policies and healthcare – analysis of the situation and the effectiveness of policies

In 2017, the UN CRPD Committee made the following recommendations to Latvia:

[Article 28 UN CRPD](#) addresses Adequate standard of living and social protection.

‘49. The Committee recommends that the State party: (a) Ensure an adequate standard of living for persons with disabilities and their families, by guaranteeing, inter alia, that social protection and poverty reduction programmes take into account the additional costs related to disability; (b) Pay attention to the links between article 28 of the Convention and target 1.3 of the Sustainable Development Goals.’

[Article 19 UN CRPD](#) addresses Living independently in the community.

‘31. The Committee urges the State party to: (a) Expedite the complete deinstitutionalization of all persons with disabilities within a set time frame in order to close all remaining institutions, both those run by the State and the municipalities, ensuring that residents are not subject to trans-institutionalization; (b) Reinforce the engagement of municipalities in implementing the deinstitutionalization strategy, including through raising awareness about independent community-based living for persons with disabilities and ensuring sustainable provision of services to promote independent living following termination of European structural funds; (c) Ensure the provision of quality personal assistance that takes into account the individual needs of persons with disabilities and ensures their social inclusion and participation.’

[Article 25 UN CRPD](#) addresses Health.

‘43. The Committee recommends that the State party ensure the availability, adequacy and accessibility of general health-care services and facilities for all persons with disabilities throughout the country.’

The most recent CRPD development is the 2017 Concluding Observations and the state’s submission in 2021.⁴⁵

4.1 Summary of the social situation of persons with disabilities

Data from EU-SILC indicate the poverty risk rate for working age persons with disabilities in Latvia was 24.2 % in 2020, compared to 14.0 % for other persons of similar age – an estimated disability poverty gap of approximately 10 percentage points (see Table 19). For people aged over 65, the disability poverty gap was 12.5 points (44.6 % for older persons with disabilities and 32.1 % for other persons of similar age). The tables in Annex also indicate the respective rates of risk of poverty or social exclusion and break these down by gender as well age. Recently updated data from Eurostat indicates that this relative risk rose for the working age disabled population (26.7 %) and for the older age group (48.9 %) in 2021.⁴⁶

⁴⁵ UN Treaty Body Database:

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en.

⁴⁶ Eurostat:

https://ec.europa.eu/eurostat/databrowser/view/HLTH_DPE020_custom_3348056/default/table?lang=en.

For persons with disabilities of working age in Latvia (aged 18-64) the risk of poverty before social transfers was 40.1 % and 24.2 % after transfers in 2020. The in-work poverty rate for persons with disabilities in this age range was 9.7 % and 11.9 % in 2021.

Of interest to health policy are the data on self-reported unmet needs for medical examination (too expensive or too far to travel or waiting list). Disability equality gaps are evident here too and, on this basis, the rate for persons with disabilities in Latvia was 10.2 %, compared to 2.1 % for other persons in 2020, and 8.5 % in 2021.

National data indicate that in 2021 the total number of registered persons with disabilities increased by 438 persons, but in the first half of 2022 alone increased by 2 515 persons. By 2020, the number of deprived persons with disabilities decreased, but the data for 2021 indicate a sharp increase. In 2020 the status of the needy person was determined for 7 451 persons with disabilities (or 4.0 % of all persons with disabilities). In 2021 the status of the needy person was determined for 10 801 persons with disabilities (including 663 children with disabilities) or 6.0 % (see Tables 24-25). Taking into account the increase in the cost of energy resources, the cost of living, the war in Ukraine and the ensuing consequences, an increase in the number of persons with disabilities recognised as being needy is possible in 2022.

In 2022, the indexation of disability pensions was carried out two months earlier than in other years. On 1 August 2022, the pension amount for persons with Group II disability was indexed up to EUR 534, but the total pension amount was indexed for persons with Group I disability.⁴⁷ The state social security benefit remained in the amount of 2021, EUR 106 in general cases, but for persons with Group III disability from childhood – EUR 136 (base level). In the calculation of the amount of the state social security benefit for persons with Groups I and II disability, the amount of the benefit for persons with disability from childhood is EUR 190.40 for employed and EUR 247.52 for unemployed, for persons with Group II disability, respectively EUR 163.20 and EUR 195.84.⁴⁸

According to the CSB, there have been changes in the list of indicators that have prevented examinations or treatment with a medical specialist (other than a dentist) in the population aged 16 and over. CSB data for 2020 indicate that the three main reasons for adults' unmet need for medical care are too expensive medical care, a long waiting lists, and a desire to wait and see if a problem improves. In 2021, the total percentage of population indicators decreased: for the indicator 'Expensive medical care' from 37.0 % to 17.8 %, for the indicator 'Long waiting lists' from 19.6 % to 17.5 %, and for the indicator 'Desire to wait and see if a problem got better on its own' from 23.6 % to 16.7 %. On the other hand, in 36 % of cases, the reply 'Other reasons' (up from 4.4 % in 2020) was given as the leading indicator.⁴⁹ There are differences in the

⁴⁷ Saeima (2022), *Grozījumi likumā 'Par valsts pensijām'* (Amendments to the Law on State Pensions), <https://likumi.lv/ta/id/334149-grozijumi-likuma-par-valsts-pensijam->.

⁴⁸ State Social Insurance Agency, homepage <https://www.vsaa.gov.lv/lv/pakalpojumi/valsts-sociala-nodrosinajuma-pabalsts>.

⁴⁹ Source: Central Statistical Bureau of Latvia. IVP080. Reasons for unmet need for medical care (except dental) for persons aged 16 or over (%) by Indicator, Reason and Time period, https://data.stat.gov.lv/pxweb/en/OSP_PUB/START_VES_IV_IVP/IVP080/table/tableViewLayout1/.

percentage distribution of indicators among women and men, but the overall trend is one – the main reason why a person has not performed examinations or has been treated with a medical specialist is ‘Other reasons’. As of 2020, men expect the disease to pass, while women are disturbed by long queues to receive healthcare services (see Tables 26-28). There is no explanation why people have not further clarified the circumstances that prevented access to healthcare services.

4.2 Analysis of social policies relevant to the Semester

For reference, see the 2022 National Reform Programme, the Recovery and Resilience Plan for Latvia and the Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021-2023.⁵⁰

The 2022 NPR indicates the increase in the minimum disability pension and the amount of the state social security benefit for people with disabilities and financial support to reduce the negative impact of COVID-19 and electricity price increase,⁵¹ but in healthcare field – exemption of persons with II Disability group from patient co-payment when receiving state-paid healthcare services, provision of additional funding to ensure diagnostic services for children with autism spectrum disorders and inclusion of persons in a long-term social care institution in the range of persons entitled to state-paid family doctor’s home visits.⁵²

The RRP 2021-2026⁵³ does not specify directly targeted measures for persons with disabilities. The inequality reduction component of the plan emphasises on improvement of access to social services, by developing new healthcare services close to the familial environment and encouraging the synergistic development of social and vocational rehabilitation.

Plan 2021-2023⁵⁴ does not specify measures to reduce poverty for persons with disabilities and to ensure access to healthcare services. Likewise, the Strategy 2021-2027⁵⁵ does not identify persons with disabilities as a target group.

Based on above, persons with disabilities are not a direct target group in policy planning documents. Poverty reduction, health and social care and access to social services are addressed in line with the mainstreaming principle and national/municipal budgetary options. It is expected that the amount of the state social security benefit, minimum pensions for persons with disabilities and guaranteed minimum income benefit provided by municipalities will increase every year from 2023⁵⁶ (currently once in three years). It is also planned to increase the amount of the transport allowance for

⁵⁰ Plan to Promote Equal Opportunities for Persons with Disabilities (2021).

⁵¹ NRP Progress Report 2022, pp. 14-17.

⁵² NRP Progress Report 2022, pp. 40-43.

⁵³ Recovery and Resilience Plan of Latvia (2021).

⁵⁴ Plan to Promote Equal Opportunities for Persons with Disabilities (2021).

⁵⁵ Strategy on Social Protection and Labour market Policy (2021).

⁵⁶ Cabinet of Ministers (2021), Order No. 657 ‘*Par plānu minimālo ienākumu atbalsta sistēmas pilnveidošanai 2022.-2024. gadam*’ (Plan for Improvement of Minimum Income System for 2022-2024), <https://likumi.lv/ta/id/326208-par-planu-minimalo-ienakumu-atbalsta-sistemas-pilnveidosanai-2022-2024-gadam>.

persons with disabilities from EUR 79 to EUR 105 for an entire six-month period (that is EUR 17.50 per month).⁵⁷

Given energy resource cost increase in 2022, amendments were made to the Law on Measures to Reduce the Exceptional Increase in Energy Prices.⁵⁸ From November 2022 to May 2023 (including), persons with disabilities and families who receive a supplement to the state family benefit for a child with disabilities will be granted a state benefit, taking into account the amount of disability pension, old-age pension or social security benefit. EUR 30 per month will be paid to families who receive a supplement to the state family allowance for a child with disability and to persons with disabilities whose pension or state social security benefit does not exceed EUR 300 per month. EUR 20 per month will be paid to those persons whose amount of pension or state social security benefit is from EUR 301 to EUR 509 per month, but EUR 10 per month will be paid to persons whose amount of pension or state social security benefit is from EUR 510 to EUR 603 per month.⁵⁹ On the other hand, support for the partial compensation of heating costs will be granted to households if heating uses electricity, wood pellets, wood briquettes or firewood, taking into account the cost and quantity of fuel and not the belonging of persons living in the household to one of the population groups.⁶⁰

However, during the unpredictable rise in energy and heating prices, followed by a general increase in the prices of living goods (for example, food) and services (for example, transport services, health services),⁶¹ state support to persons with disabilities is provided with almost one year's lag, so persons with disabilities are exposed to a higher risk of poverty.

A faster government response to the ongoing price changes in consumer goods and services is needed to bridge the existing gap between poverty rates for persons with disabilities and the rest of the population. One of the recommendations is to index the state social security benefit (similar to pensions) at least twice a year. It is also necessary to determine an adequate amount of the transport and care allowance for persons with disabilities.

In March 2022, the Cabinet approved a short-term policy planning document: 'Plan on Improvement and Development of Social Services 2022-2024' (Plan for Social

⁵⁷ Ziņu portāls LA.lv, 7. augusts 2022, <https://www.la.lv/personam-ar-invaliditati-plano-palielinat-transporta-pabalsta-apmeru-lidz-105-eiro>.

⁵⁸ Saeima (2022), *Energoresursu cenu ārkārtēja pieauguma samazinājuma pasākumu likums* (Law on Measures to Reduce the Exceptional Increase in Energy Prices), <https://likumi.lv/ta/id/329532-energoresursu-cenu-arkarteja-pieauguma-samazinajuma-pasakumu-likums>. Subsequent mentions: Law (2022).

⁵⁹ Law (2022), s. 8'.

⁶⁰ Law (2022), s. 7'.

⁶¹ According to the CSB data for commodity group 'Goods and services – total' in July 2021, compared to July 2020 consumer price changes equals to 2.8 % but in July 2022, compared to July 2021 to 21.5 %. In July 2022 compared to July 2021 consumer price changes for commodity group 'Food' equals to 24.6 %, for group 'Housing, water, electricity, gas and other fuels' to 50.7 %, for group 'Goods and services related to transport' to 28.8 %. If looking separately, then for commodity group 'Goods-total' price changes equals to 26.1 %, for group 'Non-food goods' – 31.3 %, but group 'Services' – 9.0 %. CSB database: https://tools.csb.gov.lv/cpi_calculator/en/2020M07-2022M07/0/100.

Services 2022-2024),⁶² which details the measures necessary for the implementation of the Strategy 2021-2027⁶³ for the development of social services. Already approving the Plan for Social Services 2022-2024, the Cabinet notes that the allocation of additional state budget resources for the implementation of the envisaged measures in 2023 and subsequent years will depend on the priority measures of other central state institutions and the financial capacity of the state budget.⁶⁴ The Plan for Social Services 2022-2024 aims to promote the smooth development of social services that meet the needs of individuals. It provides for two strands of action: (1) A modern and accessible system of social services which, inter alia, improves citizens' ability to live independently and live in society, to enter education and the labour market; and (2) Strengthening the governance of social services.⁶⁵ The Plan for Social Services 2022-2024 includes measures that will result in the provision of new services or improvement of existing services for children with disabilities, persons with severe functional impairments or functional impairments, clients of long-term social care institutions, and people of retirement age.

In the case of children, changes will be made to the determination of disability; improvement of respite care services (including at home); community services; services for children with autistic spectrum disorders and children with mental disorders in hospital healthcare facilities. For adults, the Plan for Social Services 2022-2024 includes measures that will improve community-based services, including social rehabilitation services for persons with hearing and visual impairments, the provision of technical aids, as well as improve the quality-of-care services for long-term social care institutions for clients by introducing a service close to the family environment and promoting the dignity of the clients.

Within four years, several pilot projects have been planned to assess the need for new services and to develop conditions for providing such services, such as hospice care at home, support for families providing care for adults with mental disabilities, and psychosocial support for families with autistic spectrum disorders. Interdisciplinary social services will also be developed for people with chronic and inheritable illnesses, their family members and informal carers (list of measures in Table 33).

An impact assessment of measures included in the Plan for Social Services 2022-2024 will be prepared after the implementation of the plan.

One aspect draws attention to the Plan for Social Services 2022-2024. At a time when people's income levels are among the lowest in the EU, poverty rates for persons with disabilities are increasing, the share of paid services in healthcare is increasing (and is one of the highest in the EU), with the development of the technical support service, the Plan for Social Services 2022-2024 includes measures showing a gradual shift to paid services also in this area. Most likely, in order to find funding for the already chronically missing public funding for the provision of technical aids for persons with

⁶² Cabinet of Ministers (2022), Order No. 231 '*Par Sociālo pakalpojumu pilnveidošanas un attīstības plānu 2022.-2024. gadam*' (Plan on Improvement and Development of Social Services 2022-2024), <https://likumi.lv/ta/id/331256-par-socialo-pakalpojumu-pilnveidosanas-un-attistibas-planu-2022-2024-gadam>. Subsequent mentions: Plan for Social Services 2022-2024.

⁶³ Strategy on Social Protection and Labour market Policy (2021).

⁶⁴ Cabinet of Ministers (2022), Order 231, paragraph 4.

⁶⁵ See Table 33.

disabilities (including persons with disabilities), the plan includes measures to increase the number of persons choosing the technical aid with co-payment or to introduce a 10 % co-payment for technical aid. The imposition of such expenses on persons with disabilities may lead to the risk that the person will not be provided with the appropriate technical aid, thus limiting possibility of integrating into society fully. On the contrary, the government must take the necessary measures to provide persons with high-quality, modern technology-appropriate technical aids assessed on individual needs, reducing payments by persons to receive a service.

In May 2022, the ‘Strategy for Public Health for the period 2021-2027’ (Strategy)⁶⁶ approved by the Cabinet does not identify persons with disabilities as a specific target group. The Strategy sets out five action lines⁶⁷ and priority areas for health, including medical rehabilitation. The summary indicates that the leading causes of death are cardiovascular diseases, malignancies and external causes. Lifestyle-related factors (for example, unhealthy diet, lack of physical activity and other factors) and accessibility problems to healthcare – untimely referral to a doctor for healthcare, insufficient public financial support and high level of direct patient payments – effect the development of diseases. The tasks indicated in the Strategy would be to improve diagnosis and treatment of certain diseases (oncology, psychiatry), to develop health care, including rehabilitation services, to reduce direct payments of patients for healthcare and to improve access to healthcare services, and other measures are aimed at all residents of Latvia, including persons with disabilities. A mid-term report on the results of the implementation of the Strategy will be available after November 2024.⁶⁸

⁶⁶ Cabinet of Ministers (2022), Order No. 359 ‘*Sabiedrības veselības pamatnostādnes 2021.-2027. gadam*’ (Strategy for Public Health for the period 2021-2027), <https://likumi.lv/ta/id/332751-sabiedribas-veselibas-pamatnostadnes-2021-2027-gadam>. Subsequent mentions: Strategy for Public Health (2022).

⁶⁷ 1. Healthy and active lifestyle; 2. Reduction of the spread of infections; 3. Human-centred and integrated healthcare; 4. Human resources and skills development; 5. Sustainability of healthcare, strengthening governance, efficient use of healthcare resources. Strategy for Public Health (2022), p. 7.

⁶⁸ Strategy for Public Health (2022), paragraph 4.

5 Disability, education and skills – analysis of the situation and the effectiveness of policies

In 2017, the UN CRPD Committee made the following recommendations to Latvia:

[Article 24 UN CRPD](#) addresses Education.

‘41. Recalling its general comment No. 4 (2016) on the right to inclusive education and Sustainable Development Goal 4, especially targets 4.5 and 4 (a) thereof, the Committee urges the State party to ensure that no child is refused admission to mainstream schools on the basis of disability, and that it further allocate the resources necessary to guarantee reasonable accommodation to facilitate the accessibility of all students with disabilities to quality, inclusive education, including in preschool, tertiary and lifelong learning institutions.’

The most recent CRPD development is the 2017 Concluding Observations and the state’s submission in 2021.⁶⁹

5.1 Summary of the educational situation of persons with disabilities

The EU-SILC 2020 estimates concerning educational attainment should be treated with caution due to relatively wide confidence intervals but they consistently indicate disability equality gaps (an average of 2-3 years provides a more stable indication). Table 29 indicates early school leaving rates disaggregated by disability status in Latvia. Youth with disabilities (aged 18-24) tend to leave school significantly more than non-disabled peers of the same age groups (and this is reinforced by widening the sample size to age 18-29). Table 30 shows completion rate of tertiary education disaggregated by disability and age group. Persons with disabilities (aged 30-34) are less likely to complete tertiary education than their peers (and this is reinforced in the wider age range 30-39).

In December 2021, there were 8 746, but in June 2022 8 918 children with disabilities. The statistics in the field of education do not include data on children with disabilities, the term ‘children with special needs’ is used, which refers to children with and without disabilities. Data on adults with disabilities are not available. Report does not indicate the actual situation of children or adults with disabilities.

During the 2021/22 academic year of learners with special needs 4 390 children studied in special schools (from the 2019/20 academic year the number of children in special schools decreased by 1 309 children), 7 275 children studied in special education programmes in general education institutions (from the 2019/20 academic year the number of children increased by 654 children). 782 children are enrolled in vocational basic education programmes.⁷⁰ Accordingly, 37.6 % of children with special needs studied in special schools, 62.4 % in special education programmes in general education institutions. Compared to the 2019/20 academic year, the number of children studying in special education programmes in general education institutions has increased by 8.7 percentage points. In 2021, the data updated in the National

⁶⁹ UN Treaty Body Database:

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en.

⁷⁰ Ministry of Education and Science, National Education Information System. Number of students in special education programmes, <https://www.viis.gov.lv/taxonomy/term/99>.

Education Information System did not contain information on the total number of children with special needs and the number of children studied in a general education programme. Similarly, information on the number of persons with disabilities undergoing vocational or higher education is not publicly available. Consequently, the data provided are not complete.

National data indicate that the overall share of young people aged 18-24 increased by one percentage point in 2021. Over the last five years (from 2017), the overall trend indicates that the share of school leavers is decreasing. There is a marked decrease for men (in 2017, the share was 12.0 %, 8.9 % in 2021), while the share of women dropped out slightly but increased (in 2017, the share was 5.0 % and 5.6 % in 2021). Compared to 2020, the proportion of women leaving school increased by 0.9 percentage points (see Table 32). It should be noted that the data analysed cover all citizens, and persons with disabilities are not separately collected, so more detailed data on persons with disabilities are not publicly available.

5.2 Analysis of education policies relevant to the Semester

For reference, see the 2022 National Reform Programme, the Recovery and Resilience Plan for Latvia and the Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021-2023.⁷¹

Measures to be taken directly in the field of persons with disabilities are not specified in the RRP and the 2022 NPR. Measures to improve the digital skills of pupils and adults (including vulnerable persons) are related to persons with disabilities (mainstreaming principle) in the Digital Component.

The Plan 2021-2023⁷² does not specify measures to ensure access to education services for persons with disabilities.

The Strategy on Education Development for 2021-2027 'Future Skills for Future Society'⁷³ was analysed in the report European Semester 2021-2022 country fiche on disability equality, Latvia.⁷⁴ In 2021, the Ministry of Education and Science was tasked to prepare an action plan for 2021 to 2023,⁷⁵ but this short-term policy planning document is still under development.⁷⁶

As in employment, social and health services, and education, children and adults with disabilities are addressed based on of the mainstreaming principle. On the one hand, it points to ensuring equal access to education services. However, in a situation where data on the number of persons with disabilities in the education system, from

⁷¹ Plan to Promote Equal Opportunities for Persons with Disabilities (2021).

⁷² Plan to Promote Equal Opportunities for Persons with Disabilities (2021).

⁷³ Cabinet of Ministers (2021), Order No. 436 '*Par Izglītības attīstības pamatnostādņēm 2021.-2027. gadam*' (Strategy on Education Development for 2021-2027 'Future Skills for Future Society'), <https://likumi.lv/ta/id/324332-par-izglitibas-attistibas-pamatnostadnem-20212027-gadam>.
Subsequent mentions: Strategy on Education Development (2021).

⁷⁴ European Semester 2021-2022 country fiche on disability equality Latvia (2021), p. 25.

⁷⁵ Cabinet of Ministers (2021), Order No. 436, para. 4.1, <https://likumi.lv/ta/id/324332-par-izglitibas-attistibas-pamatnostadnem-20212027-gadam>.

⁷⁶ Public portal of draft legislation, https://tapportals.mk.gov.lv/legal_acts/3a192ced-90c1-4495-ad84-cad96b635144.

preschool education to lifelong learning and specific needs, are not available and not accumulated, it is not possible to determine the resources needed to ensure inclusive education, as well as to assess the impact of the implementation of the measures indicated in the policy planning documents on persons with disabilities. It is necessary to respect the commitment of the Convention on the Rights of Persons with Disabilities to collect relevant information, including statistical data, as set out in Articles 24 and 31, so that persons with disabilities can exercise their right to education without discrimination and on an equal footing – to integrate into the education system at all levels and throughout their lives.⁷⁷

⁷⁷ UN Treaty Body Database. Convention on the Rights of Persons with Disabilities, Articles 24 and 31, <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>.

6 Investment priorities in relation to disability

In July 2021, the European Commission approved the Recovery and Resilience Facility Plan of Latvia for 2021-2026. Of the six components included in the Plan, three apply to persons with disabilities: (2) Digital transformation; (3) Inequality reduction and (4) Health. In addition to providing employment, social and healthcare, education services, the Plan aims to improve the digital skills and environmental accessibility of people with disabilities in public buildings and at the place of residence of people with disabilities.

In September 2021, the Cabinet approved the procedures for the implementation and monitoring of the European Union Recovery and Resilience Facility Plan,⁷⁸ which forms the basis for the development of other regulatory enactments.

Initially the planned start date for the projects' applications for the RRP was 2022. The latest publicly available information (26 August 2022) indicates that components (2) Digital transformation of the planned measures 'Digital skills for citizens, including young people' and 'Closing the digital divide for the socially vulnerable' are under development. In contrast, the actual planned start time for the selection is not indicated.⁷⁹

Component (3) within the scope of Inequality reduction:

- In June 2022⁸⁰ the Cabinet approved an informative report⁸¹ allocating investments to the Social Integration State Agency (SISA) to establish a single centre for developing social inclusion competencies. 'As a result of the investment, the most modern competence centre will be established in Latvia for the support of persons with functional impairments, where effective, high-quality, evidence-based, and best practice-based services will be provided, including training for informal carers and professionals from different sectors who care,

⁷⁸ Cabinet of Ministers (2021), Regulation No. 621 'Eiropas Savienības Atveseļošanas un noturības mehānisma plāna īstenošanas un uzraudzības kārtība' (Procedures for implementation and monitoring of the European Union the Recovery and Resilience Facility Plan), <https://likumi.lv/ta/id/325986-eiropas-savienibas-atveselosanas-un-noturibas-mehanismas-plana-istenosanas-un-uzraudzibas-kartiba%20>.

⁷⁹ Ministry of Finance (2022), *Atveseļošanās fonda projektu atlasu indikatīvais laika grafiks*, (Indicative timetable for the projects' applications for the Recovery and Resilience Facility Plan), <https://esfondi.lv/ko-plano-atbalst-latvija>. Subsequent mentions: Timetable for the projects (2022).

⁸⁰ Cabinet of Ministers 21 June 2022, *Sēdes protokols* Nr. 33, paragraph 74., https://tapportals.mk.gov.lv/meetings/cabinet_ministers/d0c4baa8-12a8-46b5-8619-295921ac4a52.

⁸¹ Cabinet of Ministers (2022), *Informatīvais ziņojums par Eiropas Savienības Atveseļošanas un noturības mehānisma plāna 3.1. reformu un investīciju virziena 'Reģionālā politika' reformas 3.1.2.r. 'Sociālo un nodarbinātības pakalpojumu pieejamība minimālo ienākumu reformas atbalstam' 3.1.2.4.i. investīcijas 'Sociālās un profesionālās rehabilitācijas pakalpojumu sinerģiska attīstība cilvēku ar funkcionāliem traucējumiem drošumspējas veicināšanai' īstenošanu un uzraudzību* (Informative report on the implementation and monitoring of the implementation and monitoring of the European Union Recovery and Resilience Facility Plan's 3.1 reform and Investment axis 'Regional Policy' 3.1.2r. reform 'Access to social and employment services in support of minimum income reform' 3.1.2.4.i. investments 'Synergical development of social and vocational rehabilitation services to promote the safety of people with functional impairments'), https://tapportals.mk.gov.lv/meetings/cabinet_ministers/d0c4baa8-12a8-46b5-8619-295921ac4a52. Subsequent mentions: Investment Report (2022).

work or educate persons with functional impairments in order to maximise the integration or return to the labour market and society of persons with functional impairments.’ With the investments allocated EUR 7 150 thousand (including eligible funding from the Recovery Fund EUR 6 million and state budget financing of EUR 1 150 thousand)⁸² the SISA will develop a new rehabilitation service design, including competence development programmes (modules) for informal carers, as well as social sector, education and other specialists, will develop a new rehabilitation service design, including competence development programmes (modules) for informal carers, as well as social and vocational rehabilitation services. In order to ensure service quality, SISA infrastructure will be developed; environmental accessibility improved, a universal design implemented, the material-technical base improved, including the availability of technology and technical aids for practical activities, as well as a new service provision standard.⁸³ The description of the eligible activities and eligibility conditions indicates that a large part of the investments will be used for the renovation and rebuilding of the existing buildings in SISA, ensuring environmental accessibility requirements, energy efficiency improvement measures,⁸⁴ technological equipment and materials for the purchase of technical means and the development of a mobile workstation,⁸⁵ to ensure the availability of support services in the regions.⁸⁶ The investment project will be implemented by 30 June 2025, with several milestones, including by 31 March 2023, a description of the vocational rehabilitation service, adapted building infrastructure by 31 March 2024, and a new standard for social and vocational rehabilitation services by 30 April 2025.⁸⁷

- Cabinet Regulations No. 442 were adopted in July 2022⁸⁸ on the granting of investments for the development of a standard construction project by the State limited liability company ‘Šampētera nams’ for providing care services close to the family environment for persons of retirement age.⁸⁹ The funding available for the construction project development is EUR 147 435, of which the eligible financing from the Recovery Fund equals EUR 126 435 and the state budget

⁸² Investment Report (2022), pp. 9-10.

⁸³ Investment Report (2022), pp. 6-7.

⁸⁴ Including building ventilation system, lightning protection, fire protection and voice alarm system for renovation and improvement of the territory adjacent to the building.

⁸⁵ Including purchasing and equipping an electric car with technologies and materials for working with persons with functional impairments.

⁸⁶ Investment Report (2022), pp. 10-11.

⁸⁷ Investment Report (2022), p. 8.

⁸⁸ Cabinet of Ministers (2022), Regulation No. 442 *Eiropas Savienības Atveseļošanas un noturības mehānisma plāna 3.1. reformu un investīciju virziena ‘Reģionālā politika’ 3.1.2. reformas ‘Sociālo un nodarbinātības pakalpojumu pieejamība minimālo ienākumu reformas atbalstam’ 3.1.2.3.i. investīcijas ‘Ilgstošas sociālās aprūpes pakalpojuma noturība un nepārtrauktība: jaunu ģimeniskai videi pietuvinātu aprūpes pakalpojumu sniedzēju attīstība pensijas vecuma personām’ pirmās kārtas īstenošanas un uzraudzības noteikumi* (Reform 3.1.2 ‘Access to social and employment services in support of minimum income reform’ of the Reform and Investment Axis 3.1 of the Recovery and Resilience Facility Plan of the European Union ‘Regional Policy’ 3.1.2 Investments ‘Resilience and Continuity of Long-term Social Care Service: development of new care providers close to the family environment for persons of retirement age’, first stage implementation and supervision), <https://likumi.lv/ta/id/334030-eiropas-savienibas-atveselosanas-un-noturibas-mehanismas-plana3-1-reformu-un-investiciju-virziena-regionala-politika>. Subsequent mentions: Regulation No. 442 (2022).

⁸⁹ Regulation No. 442 (2022), p. 4 and p. 5.

financing indicatively EUR 21 thousand.⁹⁰ The deadline is 30 September 2022.⁹¹ The realistically planned start time of the second selection round is Q2 2023.⁹²

- The planned start time (year and quarter) of the selection for the measure ‘Involvement of unemployed persons, job seekers and people at risk of unemployment in the labour market’ is planned for the fourth quarter of 2022.⁹³

The analysis of investments in the RRP indicates that investments have little obvious connection to inequality reduction. Although the target groups are persons of retirement age and persons with functional impairments (including persons with disabilities), investments are planned for the provision of care services in institutions (although with a noble aim – services closer to the family environment) and state institutions for the improvement of building infrastructure. This may merit investigation by the Commission to ensure consistency with EU spending rules and Article 19 of the CRPD.

In 2022, the implementation of EU Structural Funds 2014-2020 projects, which have been extended until the end of 2023, continues.

Within the framework of the 2021-2027 programming period in June 2022, the Cabinet has approved the European Union Cohesion Policy Programme for 2021-2027 (Cohesion Policy Programme).⁹⁴ The description of the main challenges and policy options identifies persons with disabilities as particularly at risk of poverty and those at risk of long-term unemployment. The specific support measures indicated as a direct target group for persons with disabilities are listed in Specific Objective (SO) 4.3.1.⁹⁵ In the design of the Cohesion Policy Programme, different terms are used to identify persons with disabilities (and not only), such as children and young people with special needs (SO 4.2.3.); children with disabilities (SO 4.3.1., SO 4.3.5.); people with severe and very severe mental disorders and multiple disorders (SO 4.3.1.); people with disabilities (SO 4.3.2.); people with mental disorders (SO 4.3.5.); children with the severe diagnosis, or functional impairment, potential or existing disability (SO 4.4.1.).

Although persons with disabilities are not identified as a direct target group, the following SO of the Cohesion Policy Programme will also impact persons with disabilities and facilitate their access to health, education, transport and cultural services such as SO 4.1.1. ‘Ensure equal access to healthcare and strengthen health systems, including the resilience of primary healthcare’, SO 4.2.1 ‘Improve equal

⁹⁰ The development of a construction project is the first stage of investment. The total eligible contribution from the Recovery Fund is EUR 64.9 million, and the second round is EUR 64.8 million.

⁹¹ Regulation No. 442 (2022), p. 5.

⁹² Timetable for the projects (2022).

⁹³ Timetable for the projects (2022).

⁹⁴ Cabinet of Ministers (2022), Order No. 841 ‘*Eiropas Savienības kohēzijas politikas programma 2021.–2027. gadam*’ (European Union Cohesion Policy programme 2021-2027), <https://likumi.lv/ta/id/327732-par-eiropas-savienibas-kohezijas-politikas-programmu-2021-2027-gadam>.

⁹⁵ ‘Promoting the socio-economic integration of marginalised communities, low-income households and disadvantaged groups, including people with disabilities, through integrated actions, including housing and social services.’

access to inclusive and quality services in education, training and lifelong learning [..], SO 4.3.1 'Promoting the socio-economic integration of people with special needs [..]', SO 4.3.4. 'Promoting active inclusion to promote equal opportunities, non-discrimination and active participation', as well as improving employment, especially for disadvantaged groups, or facilitating access to the environment and information such as SO 1.4.1. 'Enhancing digital connectivity' and SO 2.3.1. 'Promoting sustainable multimodal urban mobility' (detailed information in Table 33).

While the prerequisites for the horizontal investment of the Cohesion Policy Programme include the UN Convention on the Rights of Persons with Disabilities, the practical measurement of the impact on persons with disabilities of the specific objectives indicated under the programme will not be possible due to the lack of inaccurate terms and statistics.

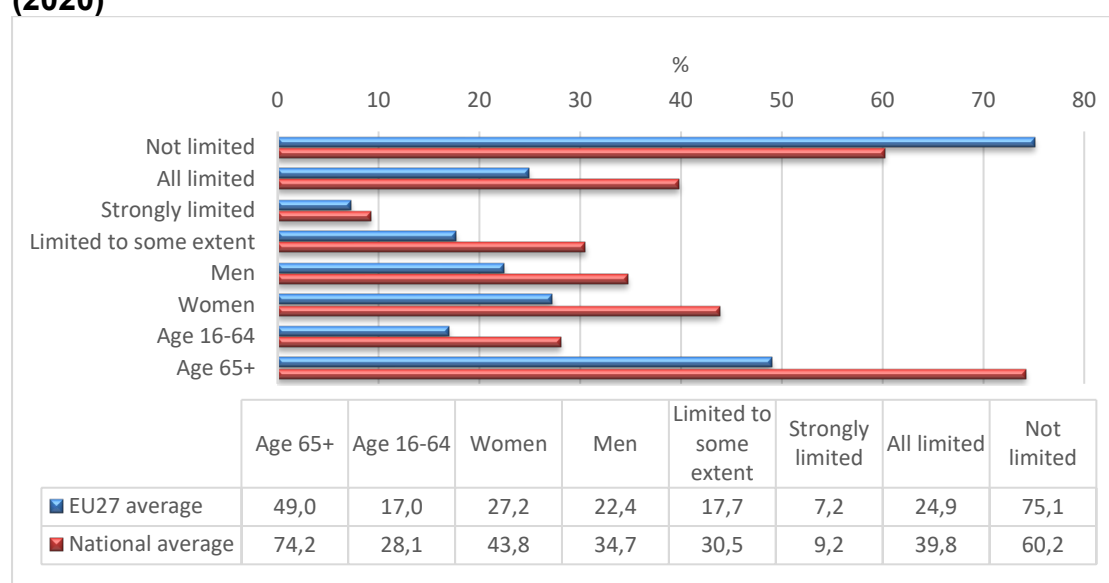
7 Annex: disability data relevant to the Semester

See also disability data published in the Eurostat database⁹⁶ and statistical reports.⁹⁷

Unless specified, the summary statistics are drawn from the most recent EU-SILC data available to researchers from Eurostat.⁹⁸ The EU-SILC sample includes people living in private households and does not include people living in institutions (congregative households). The sampling methods vary somewhat in each country.

The proxy used to identify people with disabilities (impairments) is whether ‘for at least the past 6 months’ the respondent reports that they have been ‘limited because of a health problem in activities people usually do’.⁹⁹

Table 1: Self-reported ‘activity limitations’ as a proxy for impairment / disability (2020)



Source: EU-SILC 2020 Release April 2022

In subsequent tables, these data are used to indicate ‘disability’ equality gaps and trends relevant to the analytical chapters – for the labour market, social policies and healthcare, and education – by comparing outcomes for persons who report and do not report ‘activity limitations’.¹⁰⁰ National estimates for Latvia are compared with EU27 mean averages for the most recent year.¹⁰¹ It should be noted that the proportion of persons reporting activity limitation is much higher than the average in Latvia.

⁹⁶ Eurostat Health Database: <https://ec.europa.eu/eurostat/web/health/data/database>.

⁹⁷ Eurostat (2019) Disability Statistics: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics.

⁹⁸ The data is from early in the COVID-19 period and should be contextualised with caution in that regard.

⁹⁹ The EU-SILC survey questions are contained in the Minimum European Health Module (MEHM), [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Special:WhatLinksHere/Glossary:Minimum_European_Health_Module_\(MEHM\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Special:WhatLinksHere/Glossary:Minimum_European_Health_Module_(MEHM)).

¹⁰⁰ This methodology was developed in the annual statistical reports of ANED, available at: <http://www.disability-europe.net/theme/statistical-indicators>.

¹⁰¹ The exit of the United Kingdom from the EU changed the EU average. EU27 averages have been affected also by time series breaks in other large countries, such as Germany.

7.1 Data relevant to disability and the labour market

Table 2: EU and Latvia employment rates, by disability and gender (aged 20-64) (2020)

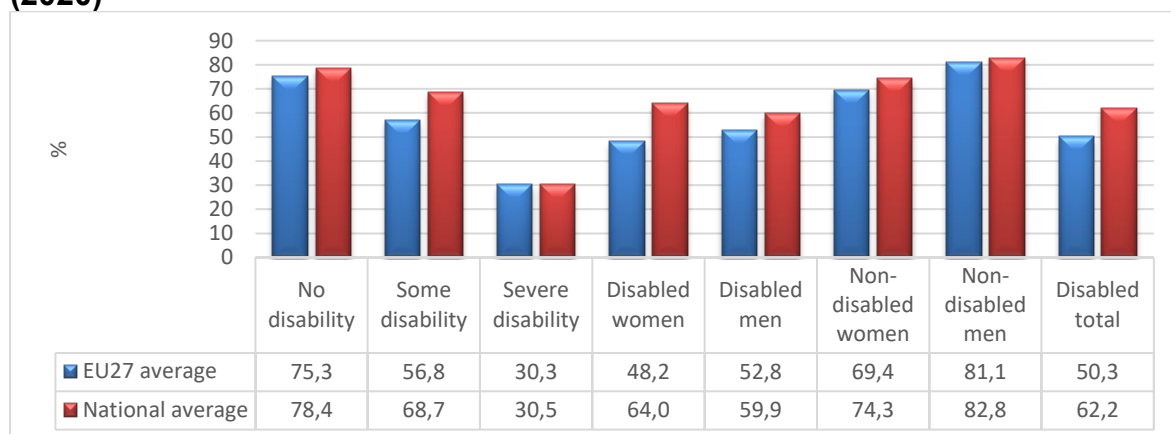


Table 3: Employment rates in Latvia, by disability and age group (2020)

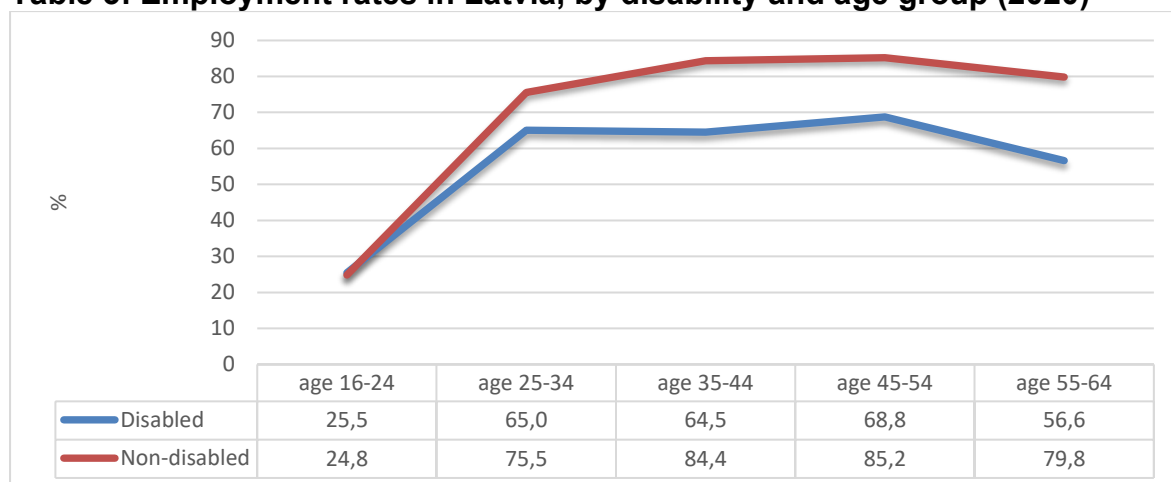
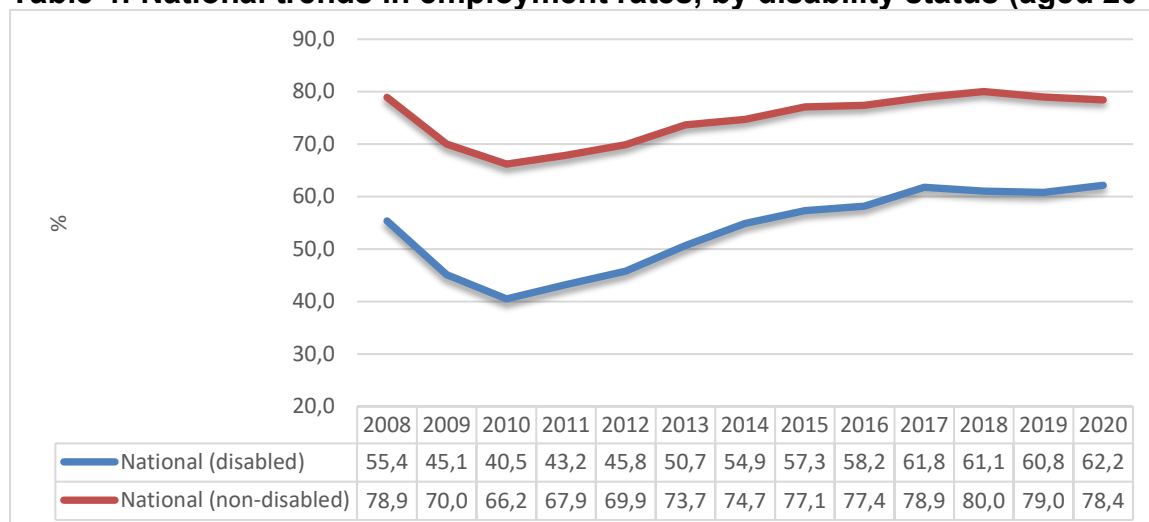


Table 4: National trends in employment rates, by disability status (aged 20-64)



Source: EU-SILC 2020 Release April 2022 (and preceding UDBs)

Note: Microdata concerning employment status was not available for Germany and Italy in this data release, which affects the EU27 average (which is therefore estimated).

7.1.1 Unemployment

Table 5: Unemployment rates by disability and gender (aged 20-64) (2020)

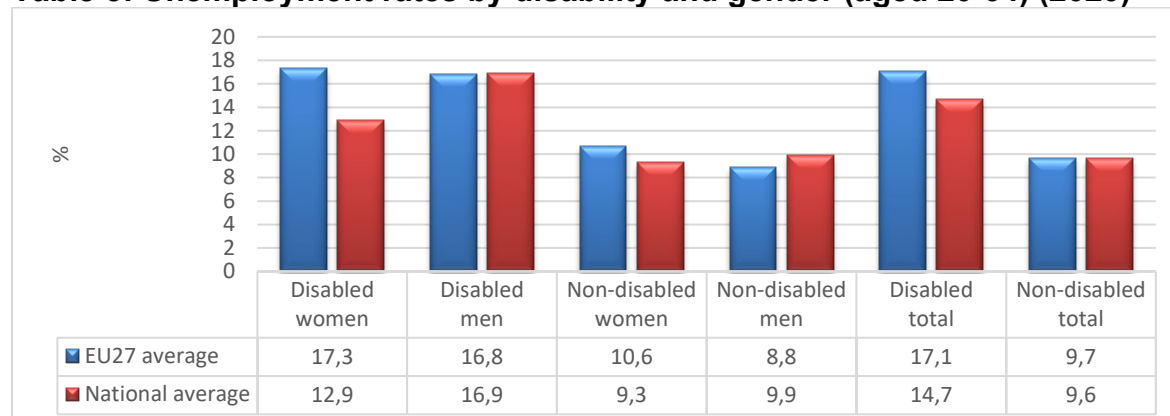


Table 6: Unemployment rates in Latvia, by disability and age group (2020)

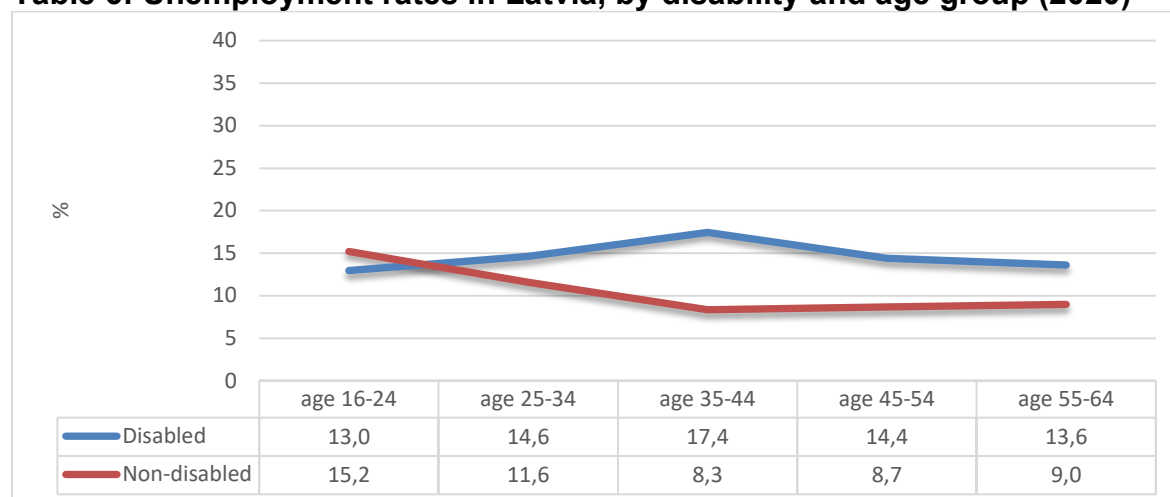
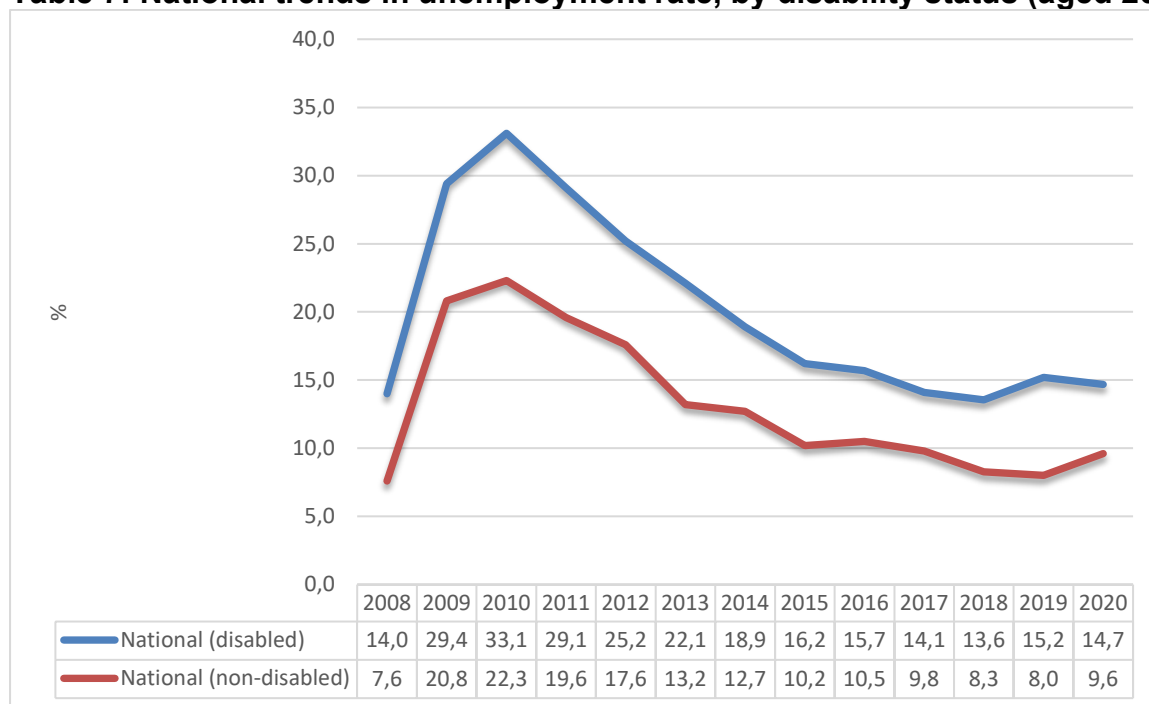


Table 7: National trends in unemployment rate, by disability status (aged 20-64)

Source: EU-SILC 2020 Release April 2022 (and preceding UDBs)

7.1.2 Economic activity

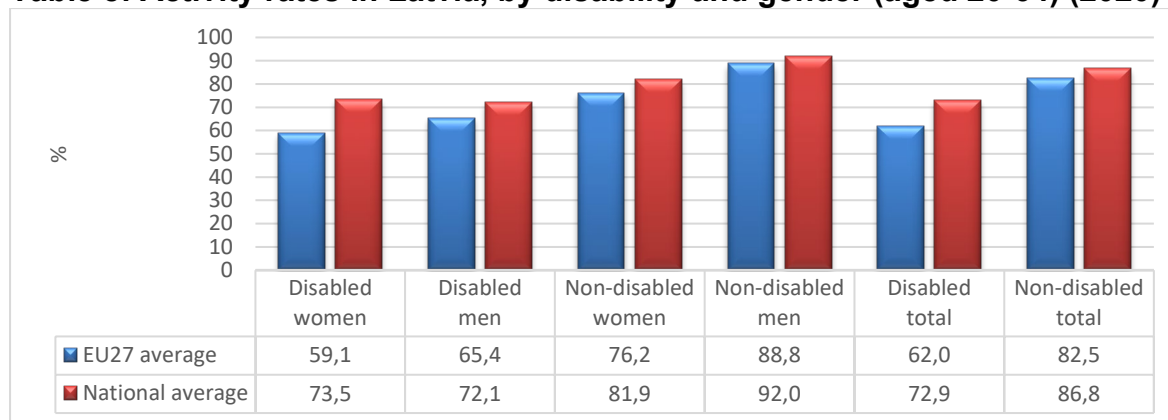
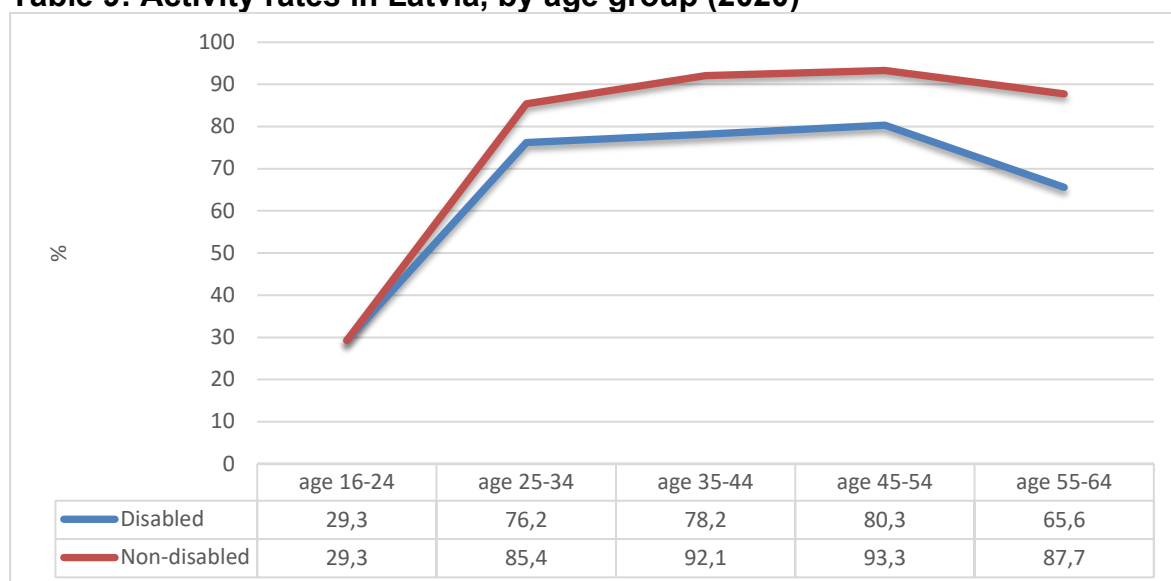
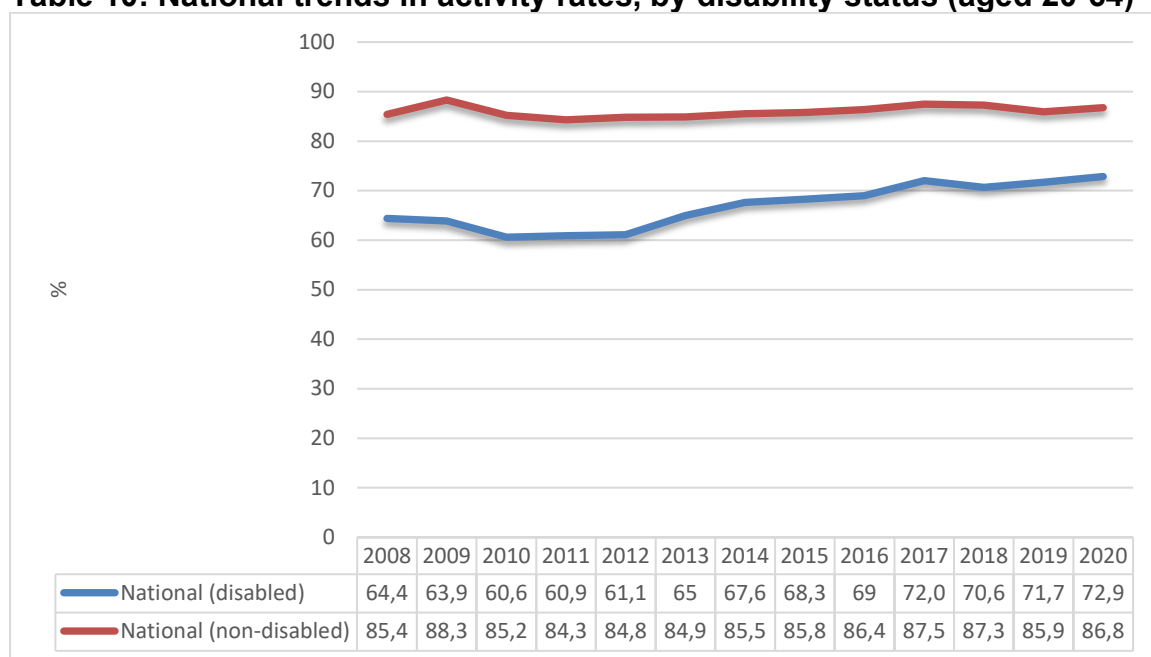
Table 8: Activity rates in Latvia, by disability and gender (aged 20-64) (2020)

Table 9: Activity rates in Latvia, by age group (2020)

Table 10: National trends in activity rates, by disability status (aged 20-64)


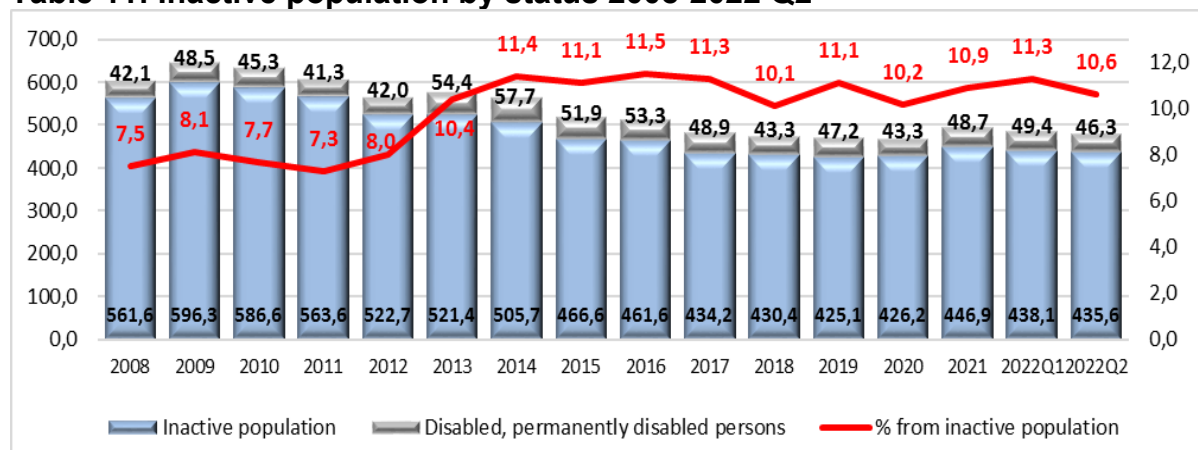
Source: EU-SILC 2020 Release April 2022 (and preceding UDBs)

7.1.3 Alternative sources of labour market data in Latvia

Disability data is not yet available from the core European Labour Force Survey but labour market indicators for Latvia were disaggregated from ad hoc modules conducted in 2001 and 2011. These can be found in the Eurostat disability database.¹⁰²

The following additional data is provided from national sources.

Table 11: Inactive population by status 2008-2022 Q2*



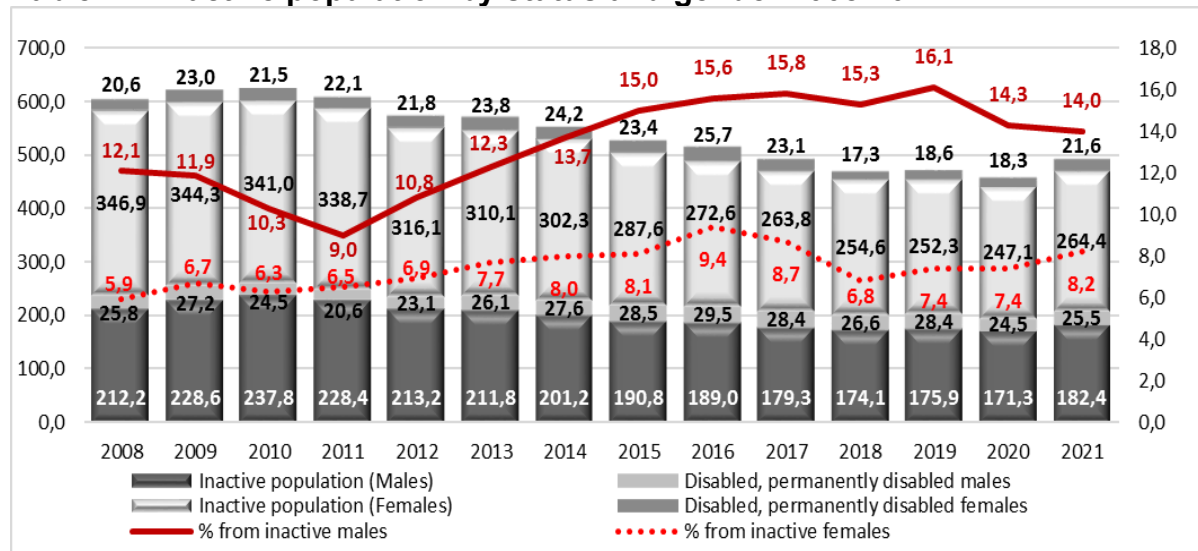
* Number in thousands

2002-2011: Recalculation according to the results of Population and Housing Census 2011.

Source: Central Statistical Bureau of Latvia. NBN020c. Inactive population by status by Status, Indicator and Time period.

Available at: https://data.stat.gov.lv/pxweb/en/OSP_PUB/START_EMP_NBB_NBN/NBN020c/.

Table 12: Inactive population by status and gender 2008-2021*



* Number in thousands

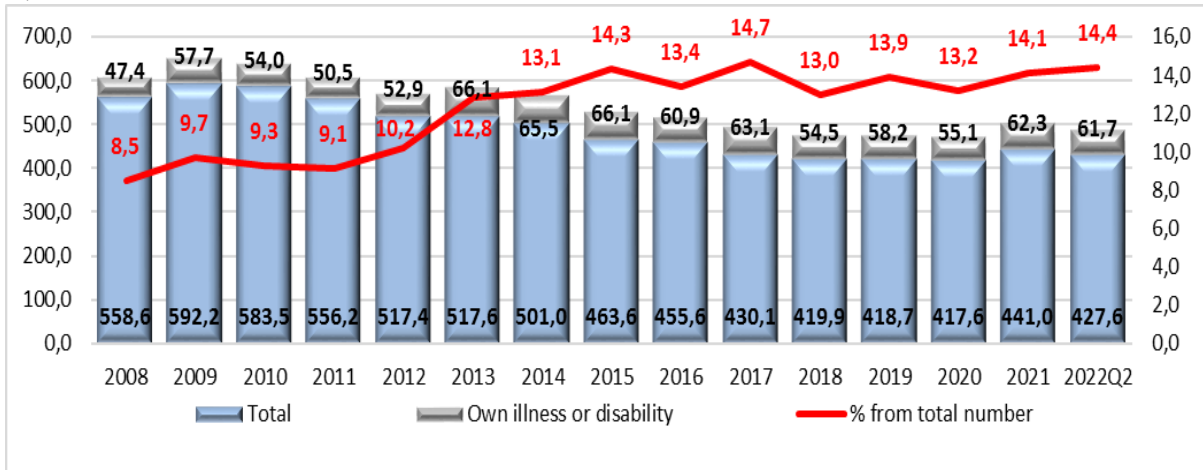
2002-2011: Recalculation according to the results of Population and Housing Census 2011.

Source: Central Statistical Bureau of Latvia. NBN020. Inactive population by status and sex by Sex, Status, Indicator and Time period.

Available at: https://data.stat.gov.lv/pxweb/en/OSP_PUB/START_EMP_NBB_NBN/NBN020/.

¹⁰² Eurostat Health Database: <https://ec.europa.eu/eurostat/web/health/data/database>.

Table 13: Inactive population by reason for not seeking employment 2008-2022 Q2*

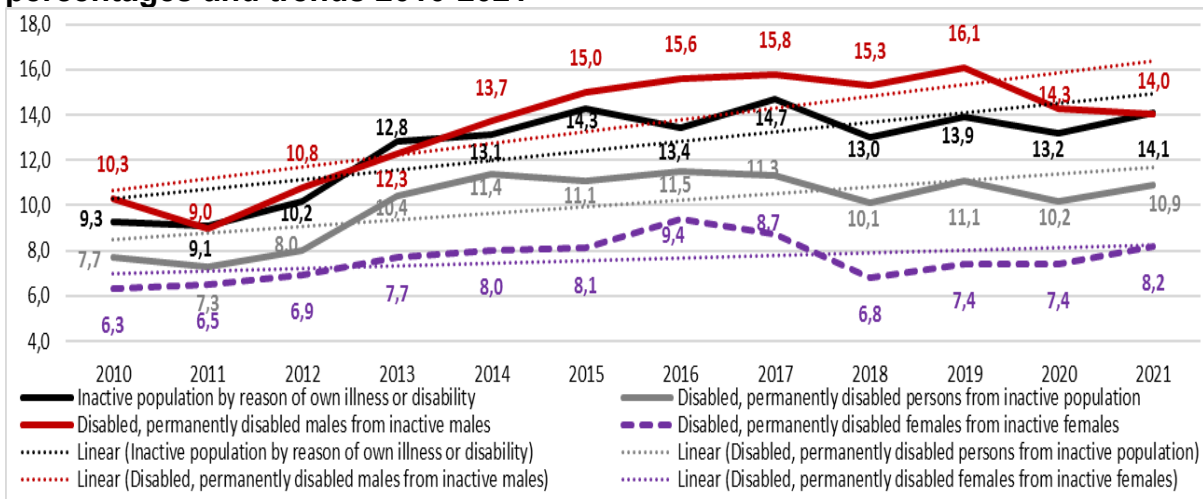


* Number in thousands

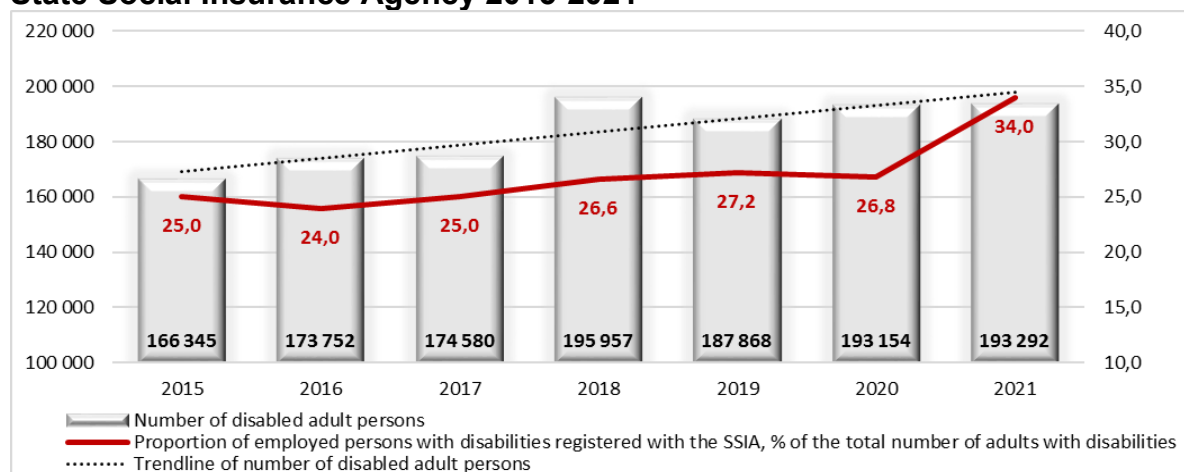
Source: Central Statistical Bureau of Latvia. NBN030c. Inactive population by reason for not seeking employment 2002Q1 – 2021Q2.

Available at: https://data.stat.gov.lv/pxweb/en/OSP_PUB/START_EMP_NBB_NBN/NBN030c/.

Table 14: Proportion of persons with disabilities from inactive population in percentages and trends 2010-2021

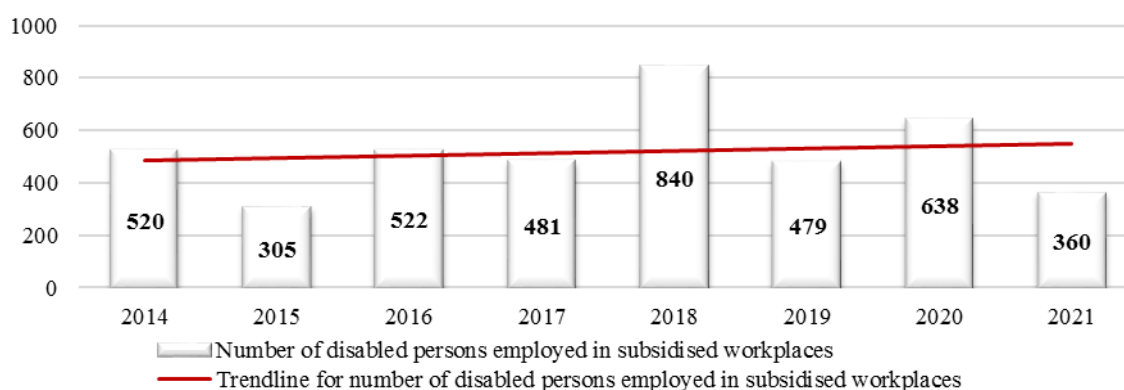


Source: Central Statistical Bureau of Latvia

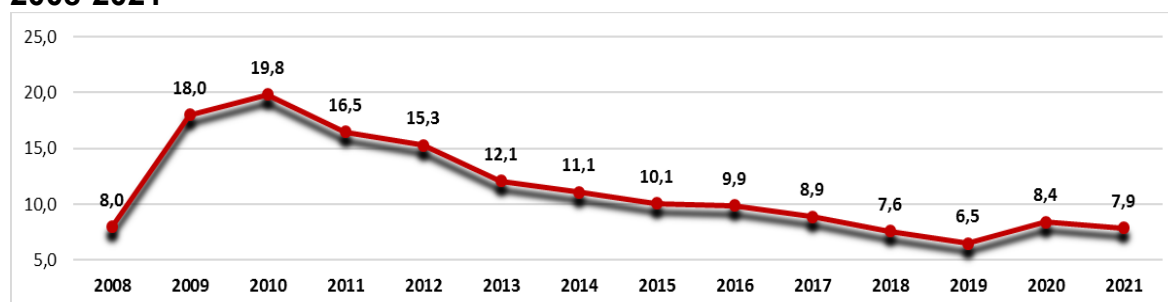
Table 15: Proportion of employed persons with disabilities registered with the State Social Insurance Agency 2015-2021

Source: State Medical Commission for the Assessment of Health Condition and Working Ability. Number of adult persons with disabilities. Available at: <https://www.vdeavk.gov.lv/lv/publikacijas-un-parskati>.

Ministry of Welfare. Key policy performance indicators in the field of disability support. Available at: <https://www.lm.gov.lv/lv/invaliditate-1>. Data for 2021 on request.

Table 16: Number of persons with disabilities employed in subsidised workplaces 2014-2021

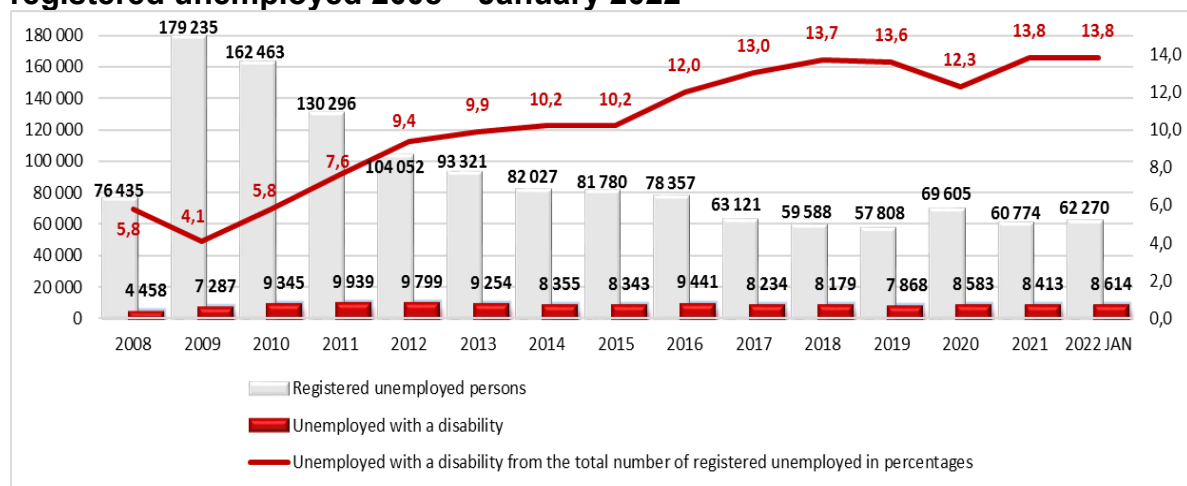
Source: Ministry of Welfare. Key policy performance indicators in the field of disability support. Available at: <https://www.lm.gov.lv/lv/invaliditate-1>. Data for 2021 on request.

Table 17: The unemployment rate for the age group 15-64 years in percentages 2008-2021

2002-2011: Recalculation according to the results of Population and Housing Census 2011.

Source: Central Statistical Bureau of Latvia. NBA030. Activity rate, employment rate and unemployment rate by region (per cent) 1996-2021.

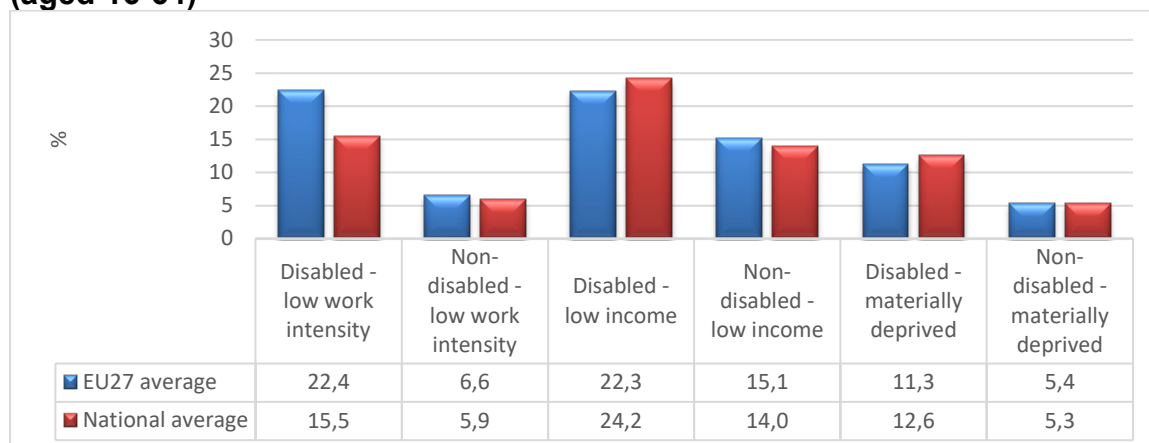
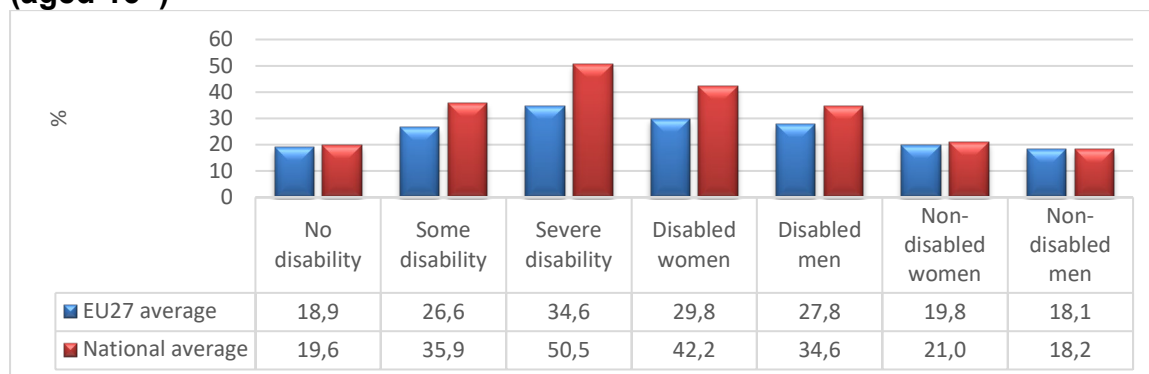
Available at: https://data.stat.gov.lv/pxweb/en/OSP_PUB/START_EMP_NBBA_NBBB/NBA030/.

Table 18: Proportion of unemployed with a disability from the total number of registered unemployed 2008 – January 2022


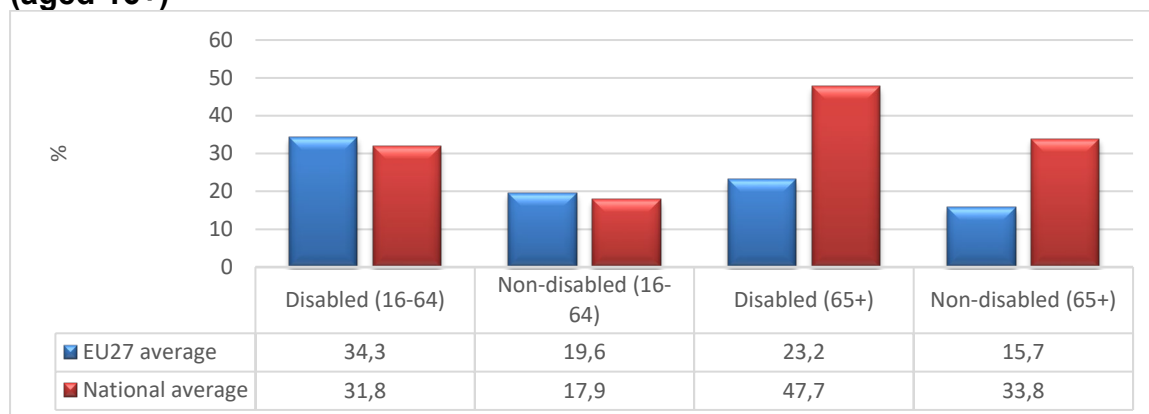
Source: State Employment Agency. Unemployed with a disability.

Available at: <https://www.nva.gov.lv/lv/bezdarbnieki-ar-invaliditati>.

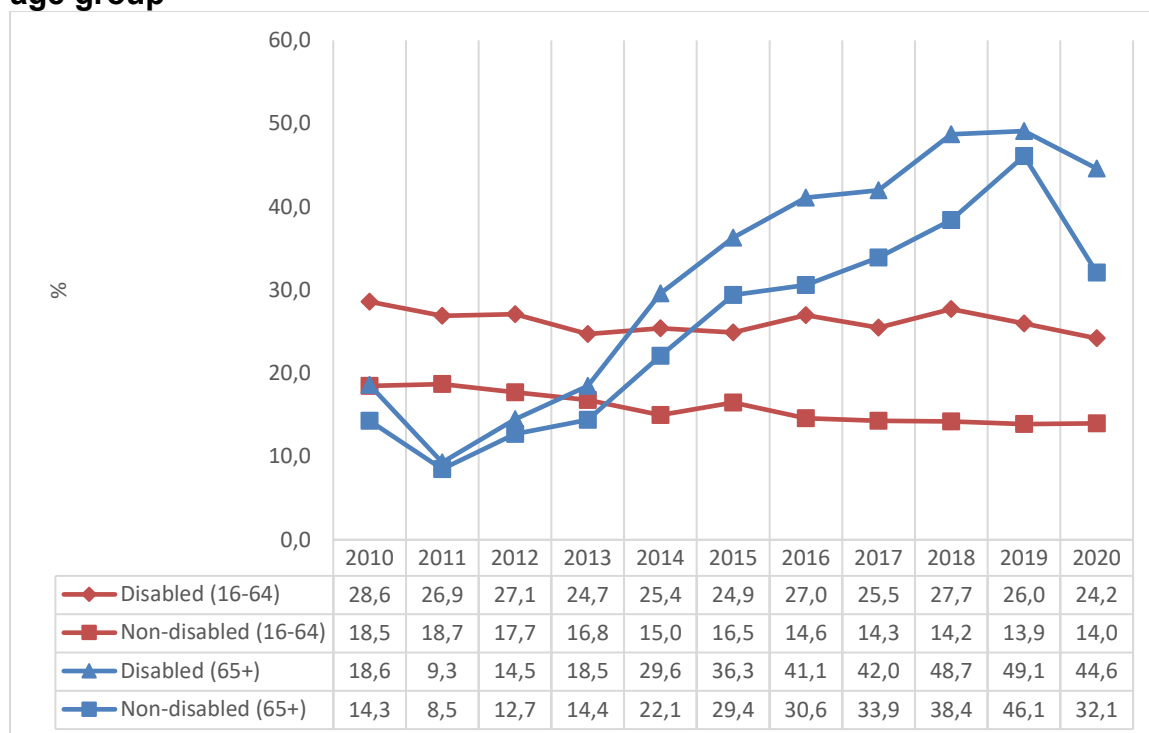
7.2 EU data relevant to disability, social policies and healthcare (2020)

Table 19: People at risk of poverty or social exclusion, by disability and risk (aged 16-64)¹⁰³

Table 20: People at risk of poverty or social exclusion, by disability and gender (aged 16+)


¹⁰³ Aged 16-59 for Low work intensity.

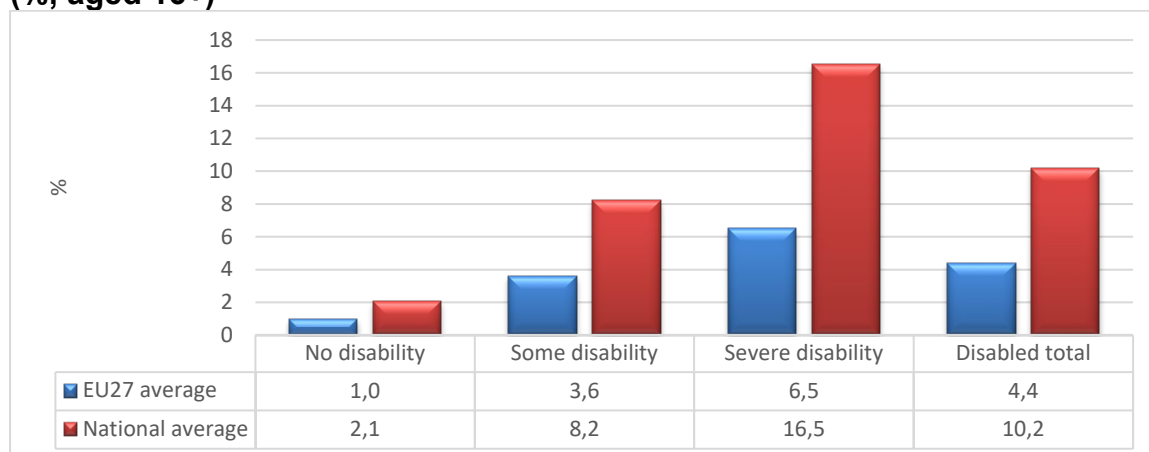
Table 21: Overall risk of household poverty or exclusion by disability and age (aged 16+)

Source: EU-SILC 2020 Release April 2022 (and previous UDB)

Table 22: Trends in the risk of poverty after social transfers, by disability and age group

Source: Eurostat Health Database [[hlth_dpe020](#)] – People at risk of poverty

Note: This table shows national trends in financial poverty risk, rather than the general AROPE indicator (which is not as comparable between age groups due to the effect of paid employment); the survey does not distinguish 'activity limitation' for children under 16.

Table 23: Self-reported unmet needs for medical examination, 3-year average (% , aged 16+)

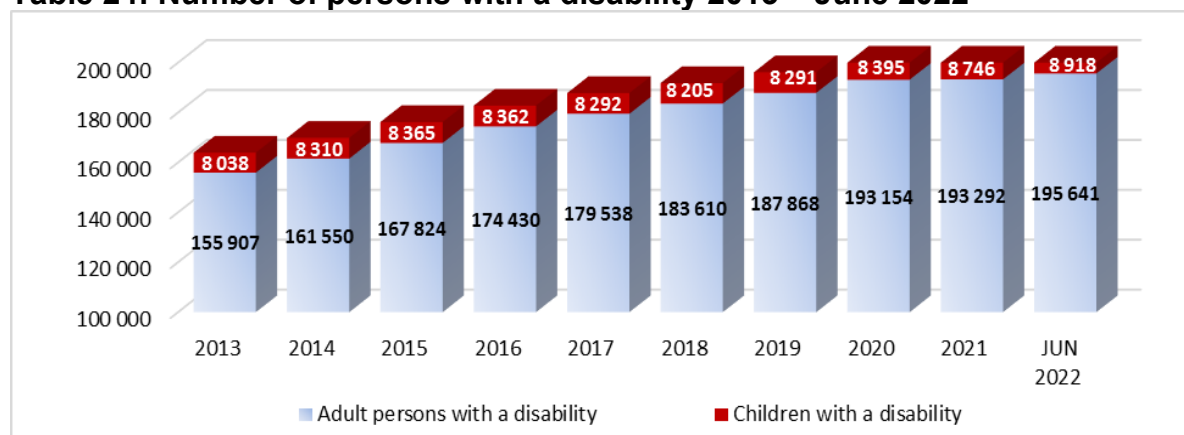
Source: Eurostat Health Database [[hlth_dh030](#)] – ‘Too expensive or too far to travel or waiting list’

Note: Due to large variations an average of three years is indicated. EU mean averages are also skewed by high values in a minority of countries within disability groups but median averages for the total disability and no disability groups in 2020 are consistent with the 3-year mean values.

7.2.1 Alternative sources of poverty or healthcare data in Latvia

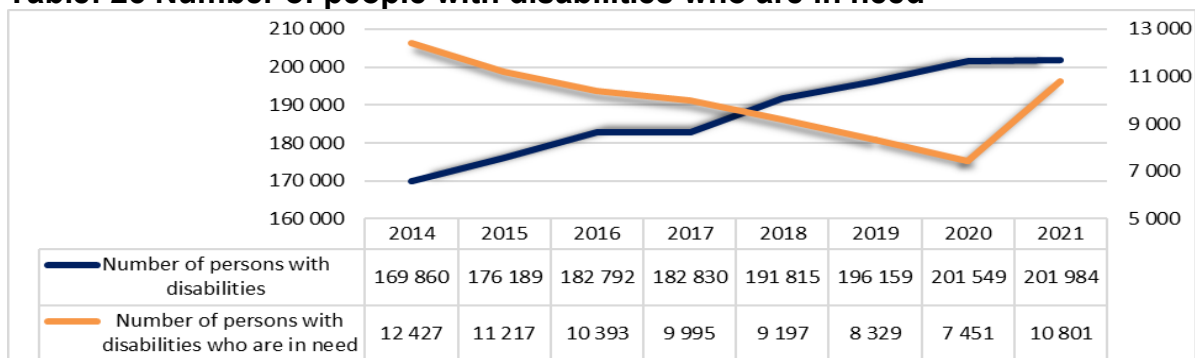
The EU-SILC data provides a comprehensive and reliable source concerning poverty or social exclusion rates. In addition to the summary tables presented so far, the Eurostat disability database also contains breakdowns concerning disability and poverty before and after social transfers, as well as in-work-poverty.¹⁰⁴ Some of these statistics have recently been updated in the Eurostat database for 2021.

The following additional data is provided from national sources.

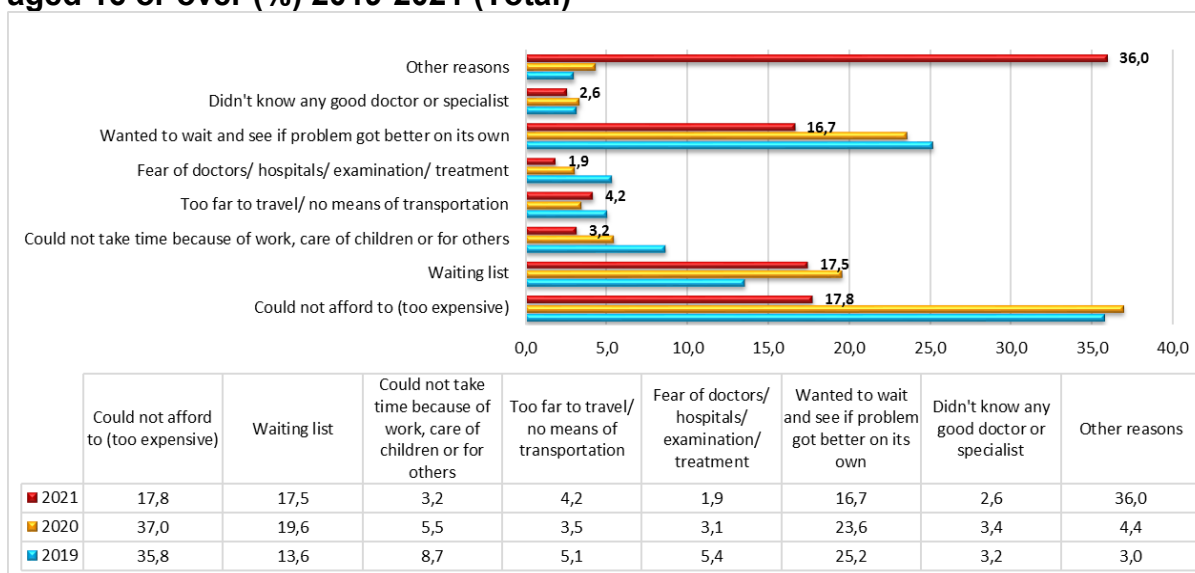
Table 24: Number of persons with a disability 2013 – June 2022

Source: State Medical Commission for the Assessment of Health Condition and Working Ability. Number of adult persons with disabilities. Available at: <https://www.lm.gov.lv/lv/invaliditate-1>. Data for 2021 on request.

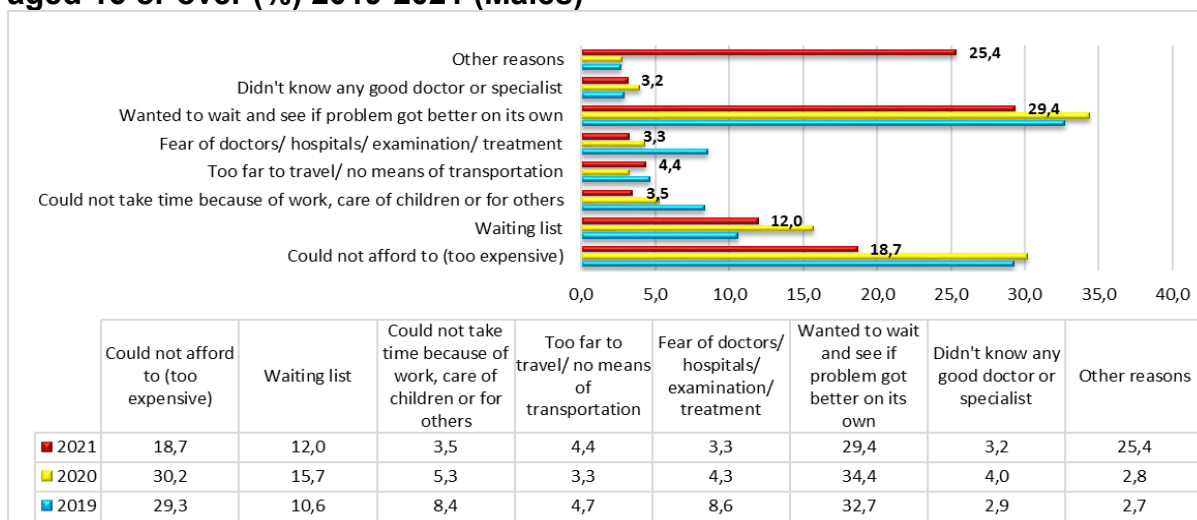
¹⁰⁴ Eurostat Health Database: <https://ec.europa.eu/eurostat/web/health/data/database>.

Table: 25 Number of people with disabilities who are in need


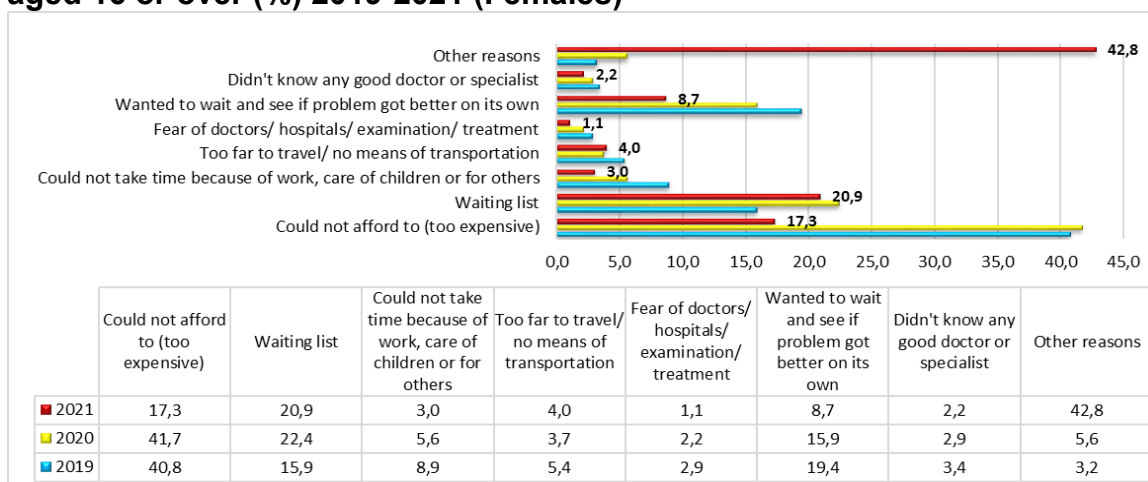
Source: Ministry of Welfare. Key policy performance indicators in the field of disability support. Available at: <https://www.lm.gov.lv/lv/invaliditate-1>. Data for 2021 on request.

Table 26: Reasons for unmet need for medical care (except dental) for persons aged 16 or over (%) 2019-2021 (Total)


Source: Central Statistical Bureau of Latvia. IVP080. Reasons for unmet need for medical care (except dental) for persons aged 16 or over (%) by Indicator, Reason and Time period. Available at: https://data.stat.gov.lv/pxweb/en/OSP_PUB/START_VES_IV_IVP/IVP080/table/tableViewLayout1/.

Table 27: Reasons for unmet need for medical care (except dental) for persons aged 16 or over (%) 2019-2021 (Males)


Source: Central Statistical Bureau of Latvia. IVP080. Reasons for unmet need for medical care (except dental) for persons aged 16 or over (%) by Indicator, Reason and Time period. Available at: https://data.stat.gov.lv/pxweb/en/OSP_PUB/START_VES_IV_IVP/IVP080/table/tableViewLayout1/.

Table 28: Reasons for unmet need for medical care (except dental) for persons aged 16 or over (%) 2019-2021 (Females)


Source: Central Statistical Bureau of Latvia. IVP080. Reasons for unmet need for medical care (except dental) for persons aged 16 or over (%) by Indicator, Reason and Time period. Available at: https://data.stat.gov.lv/pxweb/en/OSP_PUB/START_VES_IV_IVP/IVP080/table/tableViewLayout1/.

7.3 EU data relevant to disability and education

Table 29: Early school leaving rates, by disability status (aged 18-24 and 18-29)¹⁰⁵

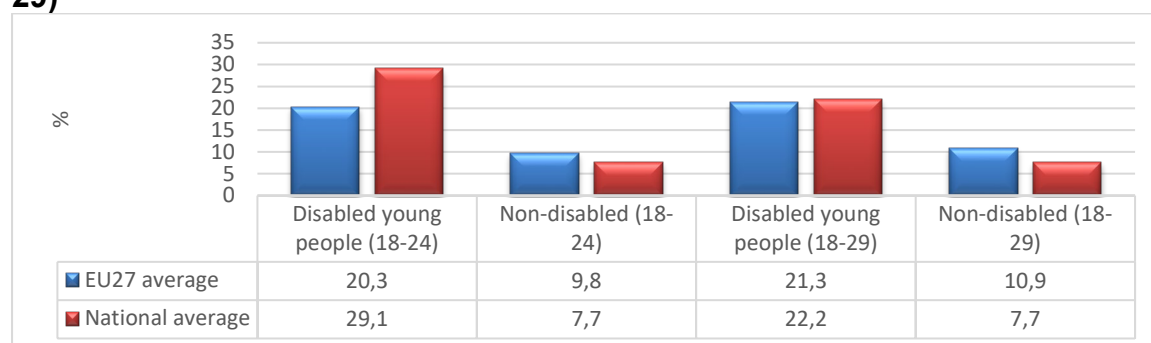
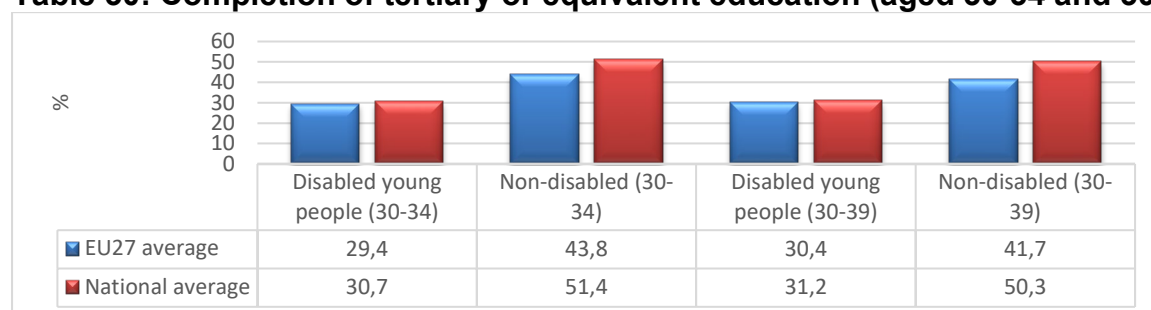


Table 30: Completion of tertiary or equivalent education (aged 30-34 and 30-39)

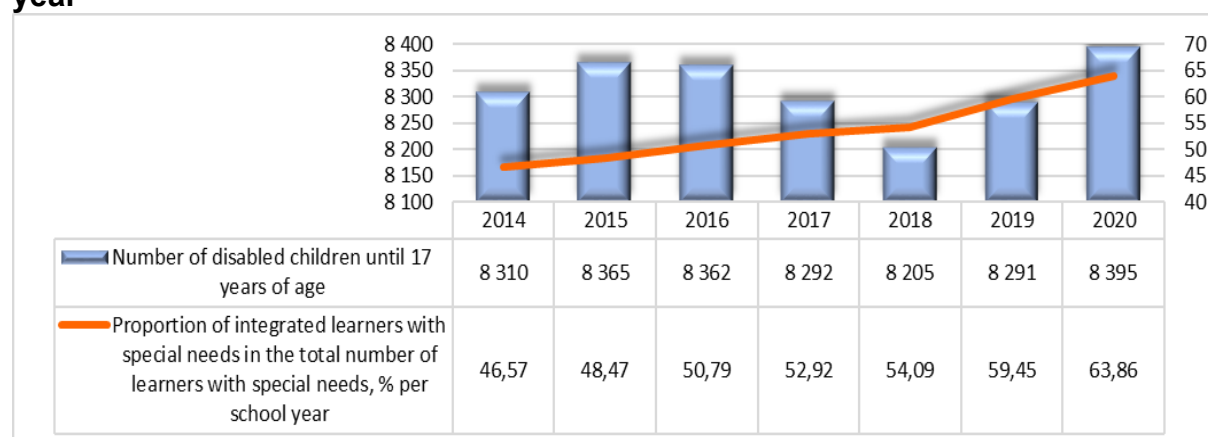


Source: EU-SILC 2020 Release April 2022 (and preceding UDBs)

Note: Confidence intervals for the disability group are large and reliability low (due to the small sample size in the target age group). An average of several years may be needed to establish trends or to compare breakdowns by gender.

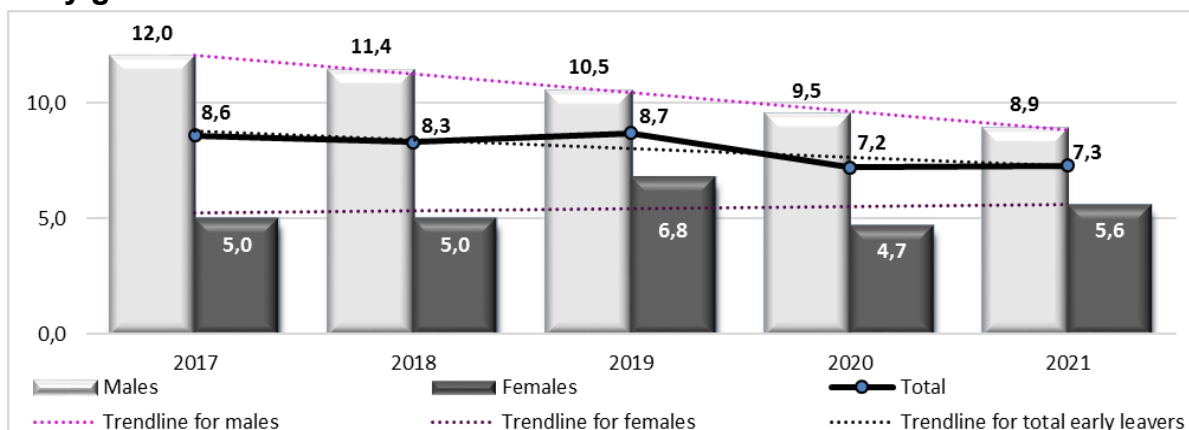
7.3.1 Alternative sources of education data in Latvia

Table 31: Proportion of integrated learners with special needs, % per school year



Source: Ministry of Welfare. Key policy performance indicators in the field of disability support. Available at: <https://www.lm.gov.lv/lv/invaliditate-1>.

¹⁰⁵ There was a change from ISCED 1997 to ISCED 2011 qualification definitions in 2014 although some Member States continued to use the older definition after this time.

Table 32: Share of early leavers from education and training aged 18-24 years in % by gender 2017-2021

Source: Central Statistical Bureau of Latvia. IZI040. Share of early leavers from education and training aged 18-24 years in urban and rural areas by sex (Labour Force Survey) (per cent) by Territory, Sex and Time period. Available at: https://data.stat.gov.lv/pxweb/en/OSP_PUB/START_IZG_IZ_IZI/IZI040/table/tableViewLayout1/.

Table 33: Plan on Improvement and Development of Social Services 2022-2024,¹⁰⁶ impact on persons with disabilities

The table 'Yes' shows those measures where persons with disabilities are identified as a direct target group, 'Partly' indicates where the measure also covers persons with disabilities, but another term is used, e.g. persons with functional impairments. 'No' indicates measures which are not directly applicable to persons with disabilities. No detailed breakdown is given when the task does not apply to persons with disabilities.

<ul style="list-style-type: none"> The direction of action No. 1. A modern and accessible social services system that, among other things, improves people's ability to live independently and live in society, to integrate into education and the labour market 			
Task 1. Increase the availability, efficiency and relevance of community-based social services to the target group's needs.			
1.1.	Increase support and access to community-based social services for children and adults with disabilities, including mental or multiple disabilities, older people, including people with dementia, and support their family members and informal carers to promote interdisciplinary approaches to social care		
1.1.1.	Provide state support to municipalities providing services for children with disabilities who have a special need for care	Yes	With a targeted grant to municipalities, social services and support for one thousand children will be provided in the first year, further 1,500 children with disabilities each year
1.1.2.	Ensure the use of the International Classification of Functioning, Disability and Health for Children and Youth for the Determination of Support for Children with Functional Disabilities within the framework of the individual budget model		Partly
1.1.3.	Evaluate the possibility of differentiating and increasing the hourly rate of a sign language interpreter in educational institutions and for ensuring communication		No
1.1.4.	Develop a standard for the occupation of a sign language interpreter		No
1.1.5.	Increase the professional training of sign language interpreters		No

¹⁰⁶ Cabinet of Ministers (2022), Order No. 231 'Par Sociālo pakalpojumu pilnveidošanas un attīstības plānu 2022.–2024. Gadam' (Plan on Improvement and Development of Social Services 2022-2024), <https://likumi.lv/ta/id/331256-par-socialo-pakalpojumu-pilnveidosanas-un-attistibas-planu-2022-2024-gadam>.

1.1.6.	Promote the transfer of good practices in the planning of social services based on the identification and analysis of individuals' individual needs		No
1.1.7.	Expand the lending opportunities available for the development of social services		No
1.1.8.	Build a support system for children with autistic spectrum disorders by providing state-funded social rehabilitation and evidence-based early intervention	Partly	A basket of support services necessary for children with autistic spectrum disorders, including certain state-funded services, has been established.
1.2.	Develop interdisciplinary social services for chronically and inheritably ill (assisted) people and their family members and informal carers		
1.2.1.	Develop an evidence-based Hospice Home Care Service Model for Adults	Partly	A pilot project to provide hospice care at home for an average of ten adults per month and support for their family members
1.2.2.	Extend access to support for children in palliative care, if necessary, to continue the provision of service until the age of 24	Partly	Thirty children up to the age of 24 in palliative care and their family members per year receive psychosocial support
1.2.3.	Ensure adequate support and improvement of palliative care services by increasing access to it for adults whose cure is no longer possible	Partly	Developed a system of multidisciplinary and interdisciplinary palliative home care, approved in the form of a pilot project, providing support and services to at least 200 clients in palliative care and their family members
1.2.4.	Provide training for social service providers and informal carers on palliative care services		No
1.2.5.	Provide advisory, educational and psychological support to employees of social services institutions providing palliative care		No
1.2.6.	Provide psycho-emotional support to the patient and family of palliative care in his/her place of residence	Partly	Psycho-emotional support for persons in palliative care and their family members — up to 750 persons per year, from the second half of 2024
1.2.7.	Provide information on the possibilities of receiving support and the availability of palliative care services		No
1.2.8.	Collect information on private long-term social care institutions, that provide palliative care services in regions. Promote dissemination of information		No
1.2.9.	Ensure that volunteers are involved and motivated to provide support to palliative care patients and their family members		No
1.2.10.	Improve the availability of free learning and information materials on care practices		No
1.2.11.	Develop the social services system for children in palliative care and their families	Partly	Improved access to existing social services for children in palliative care and their families, a range of services adapted to the needs of children in palliative care and their families
1.3.	Develop support for children with potential or existing disabilities, including by providing methodological and practical support to family members involved in their care		
1.3.1.	Provide childcare and care services at home for families with children with severe functional disorders	Partly	Approbated respite care service at home for children with severe functional disorders
1.3.2.	Evaluate the introduction of a respite care service at home for families with children with severe functional disorders	Partly	The possibility of providing a respite care service at home, the necessary resources have been assessed
1.3.3.	Ensure accessibility of information on possible forms of support for families with disabilities		No
1.3.4.	Provide psychosocial rehabilitation to parents during the treatment of a child at the Children's Clinical University Hospital		No

1.4.	Develop and implement new social services (both for acute problems and long-term support) for children and young people with mental and behavioural disorders, including addiction and multiple problems		
1.4.1.	Implement social rehabilitation services for adolescents and young people with behavioural disorders in cooperation with field experts		No
1.4.2.	Plan interdisciplinary and social rehabilitation services for children with mental health disorders for implementation in hospital healthcare institutions		Partly
1.4.3.	Promote the transfer of good practices by providing methodological and organisational support for the transfer of existing services to other municipalities		No
Task 2. Promote people's transition to community-based or family-friendly services while improving the quality of institutional care services			
2.1.	Create places for the provision of services close to the family environment for children with severe functional disorders		
2.1.1.	Introduce a family-friendly social service for children's long-term social care institutions		No
2.1.2.	Develop social services for children with severe and very severe functional impairments in the community		Partly
2.1.3.	Promote the positive experience of service close to the family environment for children left without parental care		No
2.1.4.	Develop requirements for a service close to the family environment		No
2.1.5.	Evaluate the legal aspects of the provision of long-term social care institutions service for children whose parents do not have limited custody rights		No
2.2.	Create places for the provision of services close to the family environment for persons of retirement age to promote the maintenance of self-care abilities of a person		
2.2.1.	Develop requirements for a service close to the family environment for adults		No
2.2.2.	Establishment of places for the provision of services close to the environment for persons of retirement age	Partly	Places of service provision in 18 municipalities, in each municipality not more than four service provision buildings, in each building not more than 12 customers
2.3.	Improve the quality of services provided in social care institutions (ICT solutions, optimal number of clients in the institution), including by adapting, improving and developing the institutional infrastructure for the promotion of personal self-care, respectful care and prevention of epidemiological threats		
2.3.1.	Improved epidemiological safety in long-term social care institutions		No
2.3.2.	Promote the involvement of volunteers in the field of social services, in particular, long-term social care institutions		No
2.3.3.	Promote a dignified life for clients of long-term social care institutions	Partly	Revised possibilities to reduce the number of customers in the room in long-term social care institutions
Task 3. Ensure equal access to social services in the regions by determining the types of social services to be provided to residents in municipality governments and local governments of State cities and the conditions for their implementation			No
Task 4. Improve the quality and accessibility of social services for citizens			
4.1.	Review the content of social services according to the individual needs of the target group (customer-oriented service design), improve the measurement of service results, which would indicate the impact and efficiency of the service and, based on the experience of the service recipients, the assessment of the quality and availability of services		
4.1.1.	Improve social rehabilitation services, and improve their quality and accessibility for children and adults who depend on intoxicating substances or processes		No
4.1.2.	Improve the availability and quality of social rehabilitation services for children who have suffered from illegal activities		No
4.1.3.	Improve social rehabilitation services for victims of violence and adults who have committed violence, increase their quality and accessibility		No
4.1.4.	Assess the availability of safe spaces, the necessity for their creation and the attraction of a person to improve parents' skills in contact with the child (including the meeting place with the violent parent and others)		No
4.1.5.	Improve the content of social rehabilitation services for persons with visual impairments and social rehabilitation services for persons with hearing impairments		Partly

4.1.6.	Improve access to social rehabilitation services for visually impaired persons by reviewing the content of the service and the amount of remuneration of the specialists involved	Partly	In 2022, the number of recipients of social service – 545 persons
4.1.7.	Improve the social rehabilitation service for persons with hearing impairments by reviewing the content of the service and the amount of remuneration of the specialists involved	Partly	From the second half of 2024, the number of recipients of social service – 997 persons
4.2.	Review the conformity of the prices of social services with actual market prices and assess the link between the financing of social services and changes in economic indicators (consumer price index, average wage, minimum monthly wage, tax payment and changes in the tax system), thus ensuring better quality services and adequate remuneration for service providers		No
4.3.	Improve the system for monitoring and assessing the effectiveness of the quality of social services		No
4.4.	Improve the model of financing of social services to increase the possibilities of self-determination of the recipient of the service and to receive a service following their individual needs (implementation of an individual budget approach)		No
4.5.	Develop social innovations, including digital and technological solutions in the provision of social services, as well as improve the digital skills of social service providers and the use of ICT solutions		No
4.6.	Improve the range of technical aids (TA) needed for citizens and improve their allocation procedures		
4.6.1.	Improve the provision of TA to citizens	Partly	10 % of service recipients choose to receive TA with co-payment
4.6.2.	Improve the availability and range of TA, taking into account public needs and proposals submitted	Partly	As of the second half of 2022, the number of TA beneficiaries – 1,414 cases
4.6.3.	Ensure the availability of TA – Oxygen Concentrator	Partly	From the first half of 2022, the number of TA recipients will be 1,000
4.6.4.	Start a discussion on the possibility of developing the principle of client participation in the provision of TA service	No	Possibility to introduce co-payment (determining groups to be exempted from co-payment and evaluating international experience) in receiving TA
4.7.	Identify the needs of society and introduce new social services before testing them and making sure that they are effective		
4.7.1.	Provide support to families providing care for adults with mental disabilities	Partly	The pilot project
4.7.2.	Provide psychosocial support to families with a child with autistic spectrum disorders	Partly	The pilot project
4.7.3.	Examine social problems in municipalities		No
4.8.	Provide an opportunity for informal carers, assistants and employees of persons with disabilities to acquire the skills to care (including the skills to use technological and digital tools in care provision), to communicate and understand the needs of persons with functional disabilities, as well as to develop synergies of social and professional rehabilitation services for faster return of people to the labour market, social life, education		No
4.9	Review the content of the social service, including harmonisation of terminology (with the introduction of an appropriate legal framework) and conditions for services (in the transition between different ages), in line with the principles of person-oriented provision of services		No
4.10.	Promote the development of innovative technological and artificial intelligence solutions for the provision of care services		No

Task 5. Strengthening the significance and role of social work among other related sectors and society			
5.1.	Raise awareness of the social work profession and promote its evaluation in society		No
5.2.	Strengthen the legal framework of social work occupation, including the issue of specialisations and registration or certification of social work, the impact (status) of the opinion of the social worker (regardless of the place of practice) in the decision-making of specialists of other institutions		No
5.3.	Strengthen the capacity of professional organisations ¹ to maintain and raise the professional standard of social work and policy development		No
5.4.	Promote research into social work practices		No
Task 6. Analysis, attraction and skills development of human resources involved in the provision of social services and social work			
6.1.	Provide a public contract for the content of social work specialists' educational programmes to improve the educational programmes of social work specialists (first and a second level higher education, further education programmes)		No
6.2.	Provide methodological support, develop specialisation opportunities and promote the development of professional competence, including through work-based learning elements, providing a methodology for working with different target groups of clients in practice and integrating on time the content of reforms and other changes and innovations in the preparation of additional competences and new specialists		No
6.3.	Ensure a targeted transition by 2028, fully implementing the new approach to social work for families with children, including strengthening the service of a family assistant		No
6.4.	Evaluate and increase the number of study places financed from the state budget in programmes of study direction 'Social Welfare' in higher education institutions established by the state (including in education programmes of family assistants, mentors, social rehabilitators and social carers) following the labour market demand.		No
6.5.	Introduce motivating measures to attract and prepare professional teachers in the field of social work		No
6.6.	Identify existing and necessary human resources in social work and social services and anticipate their needs		No
Task 7. To improve the remuneration and motivation system of social work specialists and other specialists involved in the provision of social services			
7.1.	Allocate a state budget earmarked grant to social workers		No
7.2.	Establish a competitive remuneration system for specialists involved in the provision of social work and other social services, including by developing wage-setting models, providing for a standard rate and a variable share to be determined with specialisation, i.e. the necessary competencies (qualifications), experience and responsibility		No
7.3.	Develop objective criteria for determining the workload of social workers and start their implementation		No
The direction of action No. 2. Strengthening governance in the field of social services			
Task 1. Develop a system of support measures targeted at the needs of persons with functional impairments (including at the cross-sectoral level), primarily in areas such as employment, health, education, access to the public environment and public transport			
1.1.	Ensure the availability of aggregated information on support services to mitigate the consequences of disability	Yes	Electronic and printed catalogue on availability of support services and service providers. Developed application for smart devices in the second half of 2023
Task 2. Integrate planning, coordination and financing of health and social services			
2.1.	Provide interdisciplinary psycho-emotional support for children with severe diagnosis and their legal representatives		Partly
2.2.	Develop an integrated service model for the social and health sector (centred on people's needs and quality of life)		No
2.3.	Ensure provision of an integrated social and healthcare service at places of provision of social care and social rehabilitation services		No

Task 3. Create inter-institutional cooperation algorithms (road maps) and strengthen inter-institutional team cooperation in the management of clients' cases		No
Task 4. Improve inter-institutional cooperation between related sectors and municipal social services		No
Task 5. Assess the social services available to different target groups, focusing on the necessary inter-institutional cooperation in the provision of adequate services		No
Task 6. Expand the interdisciplinary approach to the provision of social care services for children and adults with functional impairments, including multiple disorders, the elderly, including people with dementia, and people with chronic illnesses and non-educated persons (as in palliative care)		
6.1.	To promote the application of an interdisciplinary approach in the provision of social care services for children and adults with functional impairments	Partly
		Preparation of pilot projects for the implementation of interdisciplinary services
6.2.	Clarify social services provision conditions, including the provision of social services in the event of an emergency	No
6.3.	Promote visits to long-term social care institutions by employees of the state and local governments' single customer service centres in order to ensure equal access to public services	No
Task 7. Improve the attraction and capacity building of a highly skilled workforce		No

¹ The Latvian Association of Social Workers and Association of Heads of Social Service Offices of Latvia

Table 34: European Union Cohesion Policy Programme 2021-2027

Section number/ paragraph number	Title of the section, extract of text directly or indirectly relating to <i>persons with disabilities/context</i>	Page number
1.	Strategy of the programme: key challenges and policy responses	p. 9
1.1.	Economic, social, territorial cohesion	p. 9
(3)	People over 65 are at particular risk of poverty, <i>persons with disabilities</i> [..]	
1.2.	Productivity, innovation and skills	p. 9
(18)	The development of the network of <i>special educational</i> institutions will be continued, reducing their number from 44 (2021) to 25-30 (2027) [..] / <i>children with special needs also include children with disabilities. Reducing the number of special educational institutions indicates the inclusion of children with disabilities in general educational institutions</i>	
1.5.	Using the full potential of citizens	p. 14
(37)	Focus on the supply of affordable housing (the lack of adequate social housing with access to jobs, educational facilities and services / <i>Number of adjusted housing, service apartments and group houses/apartments for persons with disabilities is not sufficient</i>	
(38)	The share of the population at risk of poverty or social exclusion in Latvia is one of the highest in the EU, in 2019 it was 26 %, and the at-risk-of-poverty rate was 21.7 %. Unemployment, poor health, and low educational attainment increase the risk of poverty. Social protection expenditure in Latvia is among the lowest in the EU, failing to provide quality social services to vulnerable groups of society. Many households face difficulties accessing social services and non-use of professional social care services, 37.9 % for financial reasons and 16.2 % due to unavailability of services. / <i>Fully applicable to persons with disabilities</i>	
(39)	<i>Deinstitutionalisation</i> projects have shown that in the absence of infrastructure investments, the provision of CBSS to the target group can be provided on a small scale. In order to reduce territorial disparities in access to social services, it is planned to establish mandatory social services provided by local governments. Appropriately planned investments in developing of community-based services <i>for people with mental disorders</i> [..]	

(40)	<i>Persons with disabilities, pre-retirement age, and young people not in employment and education face the risk of long-term unemployment; significantly targeted support measures to prevent unemployment risks and resocialise [...]</i>	
(41)	<i>In 2018, the unmet needs for healthcare services in Latvia were 6.1 % (EU 1.8 %), including healthcare quality rates among the lowest in the EU and the second highest preventable and third highest number of medically preventable deaths in the EU in 2017.</i>	
Table 1 Policy objectives and specific objectives		p. 18
4. A more social and inclusive Europe through the implementation of the European Pillar of Social Rights		p. 25
Specific Objective number	Aim of the specific objective	Page number
4.1.1.SO (RSO 4.5)	<i>Ensure equal access to healthcare and strengthen the health system, including the resilience of primary healthcare. / Persons with disabilities are not identified as a direct target group. However, the justification states that 'priority support in primary, secondary and tertiary healthcare needs to be channelled into areas that have a significant impact on premature mortality and loss of capacity, as well as in rehabilitation and chronic patient care, taking into account the need to provide primary and outpatient care services as close as possible to the patient's place of residence'.</i>	p. 25
4.3.5. SO (ESO 4.11)	<i>Improving equal and timely access to quality, sustainable and affordable services; improving social protection systems, including promoting access to social protection; improving accessibility, efficiency and resilience of long-term care services / The Framework does not identify persons with disabilities as a target group, but increasing access to community-based services, developing care networks integrating health and social care services, diversification and provision of support at people's place of residence, including family members and informal carers, development of palliative care services equally applies to persons with disabilities</i>	p. 26
4.2.1. SO (RSO 4.2)	<i>Improve equal access to inclusive and quality services in education, training and lifelong learning by developing accessible infrastructure and promoting resilience in remote and online education and training / Persons with disabilities are not identified as a direct target group. In the justification reference to the arrangement of the network of special educational institutions</i>	p. 26
4.2.3. SO (ESO 4.6)	<i>Promote equal access to quality and inclusive education and training, particularly for disadvantaged groups, from early childhood education and care and throughout general and vocational education and training to higher education and adult education and training, including promoting learning mobility for all and facilitating accessibility for persons with disabilities. / The justification identifies persons with disabilities as a direct target group requiring specific support</i>	pp. 27-28
4.3.1. SO (RSO 4.3)	<i>Promote the socio-economic integration of marginalised communities, low-income households and disadvantaged groups, including people with disabilities, through integrated actions, housing and social services. / The term 'people with special needs' in objective 1 refers to persons with disabilities. The term 'people with disabilities' is also used in the description of the event, stating that 'People with disabilities still face obstacles to the exercise of the right to independent living and participation in public processes.' Among other things, investments are planned to facilitate access to housing and ensure accessibility of elevators for citizens with disabilities</i>	pp. 28-29
4.3.4. SO (ESO 4.8)	<i>Promote active inclusion in order to promote equal opportunities, non-discrimination and active participation, as well as to improve employment, in particular for disadvantaged groups. / The justification indicates that persons with disabilities are affected by social exclusion and discrimination and have negative experiences with different services.</i>	p. 30

	<i>Recipients of the disability pension aged 18-24 (33%) are at high risk of poverty.</i>		
Section number/paragraph number	Title of the section, extract of text directly or indirectly relating to <i>persons with disabilities/context</i>		Page number
Policy objective 1 'A more competitive and smarter Europe by promoting innovative and smart economic change and regional ICT connectivity'			
1.4. Priority Digital Connectivity (special priority on ICT connectivity)			
1.4.1. SO Improving Digital Connectivity (RSO 1.5)			p. 33
(139)	Developing the infrastructure for electronic communications services will ensure accessibility, fostering full and effective participation and improving access to consumer products and services that, due to their initial design or subsequent adaptations, meet the specific needs of <i>persons with disabilities</i> .		
Policy objective 2 'A greener and resilient low-carbon Europe in the transition to a net-zero carbon economy by promoting a just clean energy transition, green and blue investment, the circular economy, climate change mitigation and adaptation, risk prevention and management and sustainable urban mobility'			
2.2. Priority 'Environmental Protection and Development'			
2.2.3. SO 'Improve nature protection and biodiversity, green infrastructure, especially in urban environments, and reduce pollution' (RSO 2.7)			p. 59
(203)	[...] ensuring accessibility of the environment and information for <i>persons with visual, hearing, movement and mental impairments</i> and organising environmental education and training activities for specific target groups, including <i>persons with disabilities</i>		
2.3. Priority 'Sustainable Mobility' (special priority on urban mobility)			
2.3.1. SO 'Promoting sustainable multimodal urban mobility' (RSO 2.8)			p. 61
(210)	By modernising the transport infrastructure and rolling stock, the activities of ensuring access to the environment and information for <i>persons with visual, hearing, movement and mental impairments, as specified in construction legislation, will be implemented. The specific needs of persons with disabilities will be considered when developing transport infrastructure, self-service terminals, websites and mobile device-based services due to their original design or subsequent adaptations</i>		
2.4. Priority 'Promoting the use of RES in transport' (special priority dedicated to urban mobility)			
2.4.1. SO 'Promoting sustainable multimodal mobility through the development of charging infrastructure for electric vehicles' (RSO 2.8)			p. 62
(217)	Modernising the transport infrastructure will ensure access to the environment and information for <i>persons with visual, hearing, movement and mental impairments laid down in construction legislation</i> . The development of the transport infrastructure will ensure its accessibility [...] to transport infrastructure and services which, due to their initial design or subsequent adaptations, meet the specific needs of <i>persons with disabilities</i>		
Policy objective 3 'A more connected Europe by improving mobility'			
Priority 3.1 'Sustainable TEN-T infrastructure'			
3.1.1. SO 'Developing a sustainable, climate-resilient, intelligent, secure and multimodal TEN-T infrastructure' (RSO 3.1)			p. 68
(229)	Modernising the transport infrastructure and rolling stock will ensure access to the environment and information for <i>persons with visual, hearing, movement and mental impairments laid down in the construction legislation</i> . The development of the transport infrastructure will ensure its accessibility [...] to transport infrastructure and services which, due to their initial design or subsequent adaptations, meet the specific needs of <i>persons with disabilities</i>		
Policy objective 4 'A more social and inclusive Europe implementing the European Pillar of Social Rights' 4.1 Priority 'Promoting health and care'			
4.1.1. SO 'Ensure equal access to healthcare and strengthen the health system, including the resilience of primary healthcare' (RSO 4.5)			p. 71
(247)	[...] the characteristics of access to information and the environment, non-discrimination on age, gender, ethnicity [...], and the principles of equal opportunities will be ensured. [...] measures will be implemented to ensure access to the environment and information for <i>persons with visual, hearing, mobility and mental impairments</i> . For example, improvements in visual information, adaptation and provision of evacuation systems for		

	<i>people with disabilities</i> will be implemented, ramps, пандas, lifts, easy-to-open or automatic doors and others	
4.1.2.SO	'Improving equal and timely access to quality, sustainable and affordable healthcare, health promotion and disease prevention services by improving the efficiency and resilience of health systems' (ESO 4.11)	p. 73
(253)	In health promotion and disease prevention, [...] cardiovascular diseases 'are also one of the main causes of <i>disability</i> '. [...] malignancies are also one of the leading causes of <i>disability</i>	
(260)	When conducting research, data will be analysed by gender, age and <i>disability</i> , taking into account specific situations and needs of persons. [...] Aspects of equal opportunities of gender equality, <i>disability</i> , age or ethnicity and other forms of discrimination will be integrated into the training content of human resources in the healthcare sector. The training materials will also be available electronically, allowing <i>persons with visual disabilities</i> to zoom in on the material. Project management, training and information activities, and others will be implemented in adapted facilities for <i>persons with disabilities</i> , providing the necessary equipment for entry into the premises and adapting IT if necessary	
4.2. Priority 'Education, Skills and Lifelong Learning'		
4.2.3.SO	'Promoting equal access to quality and inclusive education and training, in particular for disadvantaged groups, from early childhood education and care and through general and vocational education and training to higher education and adult education and training, including promoting learning mobility for all and facilitating accessibility for <i>persons with disabilities</i> ' (ESO 4.6)	p. 80
(294)	Among the main target groups are [...] <i>children and young people with special needs</i> [...] in primary and secondary education, NEETs between 15 and 29 years [...]	
(295)	Measures to ensure equal access and access to inclusive education will be implemented for <i>special-needs learners</i> [...]	
4.3. Priority 'Employment and social inclusion'		
4.3.1.SO	'Promoting the socio-economic integration of marginalised communities, low-income households and disadvantaged groups, including people with special needs through integrated actions, including housing and social services' (RSO 4.3)	p. 82
(309)	[...] investments are planned [...] for access to high-quality social and municipal rental housing [...] for <i>persons with disabilities</i> [...]. It is planned to support the renovation of social or municipal rental housing or the construction of a new fund, including equipment	
(310)	Adapting the infrastructure of the Ministry of Welfare will facilitate opportunities for citizens (<i>including persons with disabilities</i> , [...]) to be employed and involved in policy development and implementation	
(311)	Improving the accessibility of the environment for <i>persons with reduced mobility</i> includes support for the application of housing, the construction of elevators and the adaptation of related infrastructure in multi-apartment buildings. Improving access to the housing environment for <i>persons with reduced mobility</i> would contribute to their better social integration by ensuring freedom of movement, facilitating their involvement in the labour market and access to health, education and social services	
(313)	Main target groups: <i>Children with functional impairments</i> in out-of-family care [...] and <i>people with severe and very severe mental impairments and multiple disorders</i>	
(314)	One of the main target groups: ' <i>People with disabilities, predictable disabilities, people with various functional disabilities who require environmental adaptations to receive services provided by the state or to enter the labour market.</i> '	
(315)	One of the main target groups is 'particularly disadvantaged persons already receiving, or in need of housing assistance [...], <i>persons with disabilities</i> , [...]	
(316)	Investing in the Ministry of Welfare's infrastructure is planned to ensure the accessibility of the infrastructure (including according to accessibility requirements for <i>people with visual, hearing and mobility disabilities</i>). Construction of elevator, an adaptation of offices and sanitary facilities, provision of public event facilities, creation of tactile IS and purchase of equipment necessary for <i>people with disabilities</i> are planned.	
(317)	Free movement in the building for <i>people with reduced mobility</i> will be ensured by constructing an elevator, ramp or pan, and others, an adaptation of cabinets and sanitary facilities, measures to ensure the availability of public event rooms, purchase of tactile IS and necessary equipment and others.	

4.3.2. SO 'Increasing the role of culture and tourism in economic development, social inclusion and social innovation' (RSO 4.6)		p. 84
(323)	Main target groups: [...] the priority is to develop cultural services for different target groups and audiences in society, paying particular attention to socially vulnerable groups that are increasingly marginalised in cultural access, including <i>people with disabilities</i> [...]	
(324)	Access to cultural events <i>for people with disabilities</i> and the provision of services closer to their place of residence will be promoted. The development of services, products and programs in the digital environment will ensure the accessibility of these services and products, fostering full and effective participation and improving access to education and services that meet the specific needs of persons with disabilities due to their initial design or subsequent adaptations	
4.3.3. SO 'Improving access to employment and activation measures for all jobseekers, in particular young people, in particular through the implementation of the Youth Guarantee, the long-term unemployed and disadvantaged groups in the labour market, as well as by promoting self-employment and the social economy' (ESO 4.1)		p. 85
(329)	In order to ensure the integration and permanent placement of disadvantaged unemployed <i>persons (disabled persons [...])</i> , planned subsidised employment measures, including wage grants, job adjustment, regional mobility, specialist engagement (occupational therapist, sign language interpreter and others), advisory support for employers to employ <i>people with disabilities</i> and health problems and adapt the workplace; measures for the development and activation of skills needed for work (determination of vocational suitability for <i>unemployed persons with/and predictable disabilities</i> registered at the PES; motivation program [...]; employment-promoting counselling and reaching the population, support services for <i>persons with disabilities</i> , [...].	
(337)	Specific actions will be taken to comply with the provisions of the UN Convention on the Rights of Persons with Disabilities [...] through specific support during training <i>for people with disabilities</i> (occupational therapist, sign language interpreter, etc.),	
4.3.4. SO 'Promoting active inclusion to promote equal opportunities, non-discrimination and active participation, as well as improving employability, in particular for disadvantaged groups' (ESO 4.8)		p. 88
(341)	[...] for realising equal opportunities and rights in various areas of life, measures and services are planned to ensure the well-being of <i>persons with disabilities and functional disabilities</i> [...] to promote social inclusion and reduce social exclusion	
(350)	Main target groups: Group at risk of discrimination (risk of discrimination..., due to <i>disability</i> [...])	
(353)	[...] the horizontal principle of equal opportunities and non-discrimination, non-discrimination on the grounds of age, <i>disability</i> , [...], access to information and the environment will be promoted [...]	
4.3.5. SO 'Improving equal and timely access to quality, sustainable and affordable services; improving social protection systems, including promoting access to social protection; improving the availability, efficiency and resilience of long-term care services' (ESO 4.11)		p. 91
(355)	To increase the availability of community-based social services (CBSS) according to individual needs, it is planned to diversify support for the provision of care at or close to a person's place of residence, including the creation and development of a new CBSS infrastructure such as group home (apartment), day-care centre, specialised workshop, as well as the purchase and equipping of specialised technical aids (TAs) for the provision of home care services, the application of technologies in the provision of services (including the integrated provision of health and social care services such as home care). <i>Home-care services for children with disabilities</i> , day-care centres and social rehabilitation services, <i>adult persons with mental disabilities and very severe or multiple disabilities</i> — home care, day-care centres, specialised workshops, group houses (apartments) and social rehabilitation services, people of retirement age, including people with dementia — home care and day-care services	
(360)	Main target groups: [...] <i>people with functional impairments or disabilities, including people with mental disabilities and children with functional impairments</i> , [...] their family members/informal carers	

4.3.6. SO 'Promoting social inclusion of people at risk of poverty or social exclusion, including the most deprived and children' (ESO 4.12)		p. 93
(371)	Support is <i>provided for children with a severe diagnosis or functional impairment, potential or existing disabilities</i> and members of their families [...] It is planned to ensure an integrated social, psychological and healthcare approach to the family as a whole [...]	
(377)	Main target groups [...]: <i>children with a severe diagnosis or functional impairment, potential or existing disability</i> [...]	
4.4. Priority 'Social Innovation' (special priority dedicated to social innovation)		
4.4.1. SO 'Promoting the social inclusion of people at risk of poverty or social exclusion through social innovation' (ESO 4.12)		p. 96
(383)	By promoting the provision of support to unmotivated <i>people with mental impairments</i> , the development of a new and innovative service is planned, developing a model of cross-professional team support and approving it in a pilot project	
(385)	Main target groups: <i>people with impairments or disabilities</i> , people of retirement age, including dementia, family members of caregivers or other informal carers [...] <i>unmotivated people with mental disorders</i> [...]	
Policy objective 5 'A Europe closer to citizens by promoting the sustainable and integrated development of all types of territories and local initiatives'		
5.1. Priority 'A balanced development of regions'		
5.1.1. SO 'Promoting the integrated social, economic and environmental development of the local area and cultural heritage, tourism and security in urban functional areas' (RSO 5.1)		p. 105
(400)	[...] The accessibility of cultural activities for people with disabilities will be increased.	
4. Prerequisites for investment		
Horizontal pre-condition for investment No 4 Implementation and application of the UN Convention on the Rights of Persons with Disabilities (UN CRPD) in line with Council Decision 2010/48/EC		pp. 128-130

Source: Cabinet of Ministers (2022), Order No. 841 European Union Cohesion Policy Programme 2021-2027: <https://likumi.lv/ta/id/327732-par-eiropas-savienibas-kohezijas-politikas-programmu-2021-2027-gadam>.

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