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Latvia

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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.

This country report has been prepared as input for the European Semester in 2022.¹

¹ For an introduction to the Semester process, see <https://www.consilium.europa.eu/en/policies/european-semester/how-european-semester-works/>.

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Table of contents

1	Executive summary and recommendations	4
1.1	Key points and main challenges for Latvia in 2022	4
1.2	Recommendations for Latvia.....	5
2	Mainstreaming disability equality in the Semester documents.....	6
2.1	Recovery and Resilience Plan for Latvia (RRP)	6
2.2	Semester links to CRPD and national disability action plans.....	7
3	Disability and the labour market - analysis of the situation and the effectiveness of policies.....	8
3.1	Summary of the labour market situation of persons with disabilities	8
3.2	Analysis of labour market policies relevant to the Semester	9
4	Disability, social policies and healthcare – analysis of the situation and the effectiveness of policies.....	14
4.1	Summary of the social situation of persons with disabilities	15
4.2	Analysis of social policies relevant to the Semester	17
5	Disability, education and skills – analysis of the situation and the effectiveness of policies.....	22
5.1	Summary of the educational situation of persons with disabilities	22
5.2	Analysis of education policies relevant to the Semester.....	23
6	Investment priorities in relation to disability.....	25
6.1	Updates on use of existing EU funds (up to 2021)	25
6.2	Priorities for future investment (after 2021)	26
7	Annex: disability data relevant to the Semester	27
7.1	Data relevant to disability and the labour market.....	28
7.1.1	Unemployment.....	29
7.1.2	Economic activity	30
7.1.3	Alternative sources of labour market data in Latvia	31
7.2	EU data relevant to disability, social policies and healthcare (2019)	34
7.2.1	Alternative sources of poverty or health care data in Latvia	37
7.3	EU data relevant to disability and education.....	41
7.3.1	Alternative sources of education data in Latvia	42

1 Executive summary and recommendations

1.1 Key points and main challenges for Latvia in 2022

Disability and the labour market

Employment rates for persons with disabilities continued to improve in 2020 but a World Bank study confirms that Latvia has low labour force participation, low employment and high unemployment rates of persons with disabilities. Its recommendations are initially taken into account in the *Plan for the Promotion of Equal Opportunities for Persons with Disabilities for 2021-2023*, including the continuation of the ongoing measures (including subsidised employment), the introduction of new support measures and the review of support measures in social enterprises, as well as improving the skills of Employment Service employees and partners in work with people with disabilities.

Disability, social policies and healthcare

In the field of social policy, there are few improvements as to raising the material situation of people with disabilities. In 2021 there is an increased state social security benefit and an amount of the disability pension base. The material support is differentiated according to the severity of the disability, cause of disability (general case or disability from childhood) and the fact of employment. There is a high probability that the risk of poverty of people with disabilities will not reduce, taking into account the planned changes to the minimum wage, the increase in electricity charges (and increases in prices of other services and goods) in 2021 and the possible revision of the pension base and state social security benefit at least once in three years as set out in the Law on Social Security. Poverty reduction of people with disabilities is not on the political agenda, poverty issues are dealt with in the general procedure.

Disability, education and skills

In the field of education, there is no publicly available data on persons with disabilities in educational institutions at all levels (including vocational and higher education). The *Strategy on Education Development for 2021-2027* includes measures to improve the quality of special education (covering children with special needs, maybe with and without disabilities). No specific measures are planned to provide vocational and higher education for persons with disabilities, reference is made to guidelines on ensuring an accessible environment in educational establishments. Within the framework of the *Recovery and Resilience Facility Plan* the need to improve the digital skills of Latvian citizens, including the vulnerable, has been determined.

Investment priorities for inclusion and accessibility

Investment policy plays an important role in the *Recovery and Resilience Facility Plan* and the activities planned in the *Operational Programme of the European Union Fund 2021-2027*. These policy planning documents identify people with disabilities as part of a socially vulnerable group whose situation requires action in the areas of employment, social and health services, education and others. However, persons with disabilities have not been identified as a direct target group, the measures are intended on a mainstreaming basis. More detailed action plans and regulatory enactments are in the development phase. The launch of projects is scheduled to take place only in 2022.

1.2 Recommendations for Latvia

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

Recommendation: Develop the supply of personalised services to the State Employment Service.

Rationale: People with disabilities will receive individual support measures in the area of employment, restart or continue their work. The budgetary burden of social assistance will be reduced.

Recommendation: Review the minimum income thresholds annually to prevent further increases in the risk of poverty for people with disabilities.

Rationale: The risk of poverty for people with disabilities and people 64+ will be reduced, ensuring the right to an adequate standard of living.

Recommendation: Develop a concrete plan of measures for access to healthcare services (including medical rehabilitation services, health services for chronically ill persons), including people with disabilities in all age groups.

Rationale: The right of people with disabilities to timely, high-quality and needed health care will be ensured. Reduced queues to services. Reduced disability risks. The budgetary burden of the state and municipalities on social insurance and social services will be reduced.

Recommendation Improve the statistical data of persons with disabilities in the education system.

Rationale: A consecutive, high-quality education and a set of necessary support services at all levels of education will be provided according to the abilities and needs of learners with disabilities.

Recommendation: Include specific measures for persons with disabilities as a target group in development of action plans in the *Recovery and Resilience Facility Plan of Latvia*, the *Operational Program of the European Union Fund 2021-2027*, and the corresponding legal framework.

Rationale: The inclusion of specific support measures directly for persons with disabilities in all areas of action will ensure the rights of persons with disabilities under the *United Nations Convention on the Rights of Persons with Disabilities*.

2 Mainstreaming disability equality in the Semester documents

Country Reports and Country Specific Recommendation of direct relevance to disability policy were not published in this exceptional policy cycle. For a commentary on the last published documents please see our country fiche for the previous Semester 2020-21.

2.1 [Recovery and Resilience Plan](#) for Latvia (RRP)

The following key points highlight where the situation of persons with disabilities or disability policies was considered in these plans. We address the most relevant of these and other issues arising from the RRP/NRP in the next chapters.

Of the six components included in the *Recovery and Resilience Facility Plan of Latvia for 2021-2026* only three apply to persons with disabilities: (2) Digital transformation, (3) Inequality reduction and (4) Health.

- The digital transformation component aims to improve the digital skills of people (including people with disabilities), strengthen the ability of public authorities to provide services remotely and the ability of society to use these services.
- The inequality reduction component is intended to invest in the training of the unemployed, which will allow for the extension of active employment measures. The aim of the component is, inter alia, to improve the availability of social services and employment, to promote the provision of general secondary education and to promote access to housing. Three measures are planned to have a direct impact on people with disabilities:
 - Promoting access to public services and employment for people with disabilities (measures to ensure the availability of the environment for public and local government buildings, support measures for people with disabilities to ensure access to the housing environment).
 - Promoting the sustainability and continuity of the long-term social care service: the development of new healthcare providers closer to a familial environment for retirement-age persons.
 - The synergistic development of social and professional rehabilitation services.
- Within the health component, it is intended to implement measures that will strengthen the resilience and accessibility of the health sector. The measures relate more to the development of infrastructure and the ability of medical practitioners to adapt to crises. Special attention shall be paid to the development of the further training system for medical practitioners and oncology.²

² 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).

The *2021 Progress Report of the National Reform Programme* refers to disability several times, mainly in relation to cash benefits for persons with disabilities and COVID-19.³

2.2 Semester links to CRPD and national disability action plans

Relevant recommendations and issues arising from participation in the United Nations Convention on the Rights of Persons with Disabilities (CRPD) are highlighted in each chapter.

It is also important that Semester plans align with national disability strategy too. In Latvia, this refers to the *Guidelines for implementation of the UN CRPD*, developed for the period 2014-2020⁴ and *Implementation Plan for 2018-2020 of the United Nations Convention on the Rights of Persons with Disabilities (2018-2020)*⁵. The most recent action plans are plan for creating accessibility 2019-2021⁶ and *Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021-2023*⁷.

³ Cabinet of Ministers (2021), *Latvijas Nacionālā reformu programma 2021.gada Progresā ziņojums* (Progress Report of the National Reform Programme 2021), https://ec.europa.eu/info/sites/default/files/2021-european-semester-national-reform-programme-latvia_lv.pdf. Subsequent mentions: *The 2021 National Reform Programme*

⁴ 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-organizacijas-konvencijas-par-personu-ar-invaliditati-tiesibam-istenosanas-pamatnostadnem-2014-2020-gadam>.

⁵ 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', DATE? <https://likumi.lv/ta/id/303670-par-apvienoto-naciju-organizacijas-konvencijas-par-personu-ar-invaliditati-tiesibam-istenosanas-pamatnostadnu-2014-2020>.

⁶ 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>.

⁷ 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).

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.'

On 10 August 2021, the Cabinet of Ministers (Government) approved the *Joint Second and Third Report of the Republic of Latvia on implementation of the United Nations Convention on the Rights of Persons with Disabilities of 13 December 2006 from 1 January 2014 to 31 December 2019*⁸ (Report, not yet published on the UN website).

The Report pointed out that 'the employment rate of persons with disabilities in Latvia, compared to the other EU Member States, can be assessed as average'. Between 2014 and 2020, the employment rate of people with disabilities was gradually increasing; there is no significant difference in employment rates between women and men with disabilities.

3.1 Summary of the labour market situation of persons with disabilities

Data from EU-SILC indicate an employment rate for persons with disabilities in Latvia of 60.8 % in 2019, compared to 79.0 % for other persons against a national employment target of 73 % and approximately 9.5 points above the EU27 average. This results in an estimated disability employment gap of approximately 18 percentage points (EU27 average gap 24.2, see Tables 2-4) or an employment chances ratio of 0.8.

National data also indicate that the number of workers with disabilities is increasing. According to the State Social Insurance Agency (SSIA) data, 26.8 % of 196.1 thousand adults with disabilities were employed in 2020 (Table 15). Similarly, data from 2014 to 2020 (with a variable number) indicate that number of people with disabilities in subsidised jobs increased, from 520 people in 2016 to 638 in 2020. The minimum number of 305 was in 2015, and a maximum number of 840 in 2018 (Table 16). More detailed information on the number of persons with disabilities employed by gender or age is not publicly available. It should be noted that national data relate to persons with an officially determined disability and may not be in line with EU data who relate to people with self-reported long-standing limitations in usual activities due to health problems.

The same data from EU-SILC indicate unemployment rates of 15.2 % and 8.0 %, respectively in 2019 (see Tables 5-7) and the economic activity rate for persons with disabilities in Latvia was 71.7 %, compared to 85.9 % for other persons (see Tables

⁸ Cabinet of Ministers (2021), meeting notes No. 55, 10 August 2021, <http://tap.mk.gov.lv/mk/mksedes/saraksts/protokols/?protokols=2021-08-10>.

8-10). These indications are broken down by gender and age in the respective tables in annex.

National data indicate that between 2017 and 2019, when the total unemployment rate was low, the proportion of registered unemployed persons with disabilities increased to 13.7 %. The figures for 2020 show that, as the total unemployment rate (7.7 %) and the number of registered unemployed people increased, the proportion of registered unemployed people with disabilities decreased to 12.3 % (Table 17). On average, 8 000 people with disabilities are registered as unemployed annually. More detailed data on unemployed people with disabilities are not publicly available.

According to the Central Statistical Bureau of Latvia (CSB) data, the ratio of persons with a disability and persons with a permanent disability among a total number of the inactive population has not changed substantially between 2016 and 2020 (including). In 2016, the number of the inactive population was 461.6 thousand; of them 53.3 thousand had a permanent disability, while in 2020 accordingly 426.2 inactive people of whom 43.3 thousand had a permanent disability. The proportion of inactive persons with a disability and persons with a permanent disability has decreased from 11.5 % in 2016 to 10.2 % in 2020. The average proportion of inactive women with a disability and women with a permanent disability was 7.94 % (the maximum of 9.4 % was reached in 2016, the lowest indicator was 6.8 % in 2018). In 2020 the proportion of inactive women with a disability and women with a permanent disability was 7.4 % from all inactive women. Between 2016 and 2020, the average proportion of inactive women with a disability and men with a permanent disability was 15.42 % (a maximum of 16.1 % was reached in 2019, and the lowest indicator was 14.3 % in 2020).

In 2021, there was an increase in inactive populations and persons with disabilities and persons with permanent disabilities. In QII of 2021, the inactive population has increased to 447.7 thousand or 5 %, while the proportion of persons with disabilities and persons with permanent disabilities has increased to 45.2 thousand (5 % increase). In QII 2021, the total proportion of persons with disabilities and persons with permanent disabilities remained within 10.1 % of the inactive population. More detailed data are in Table 11, Table 12 and Table 14 of the Annex.

Other CSB data show that the number of inactive people who are not looking for work due to sickness or disability decreases between 2016 and 2020 (including), while the proportion remains at 14 %. Data from QII 2021 show that the proportion of these people had fallen to 11.8 % (Table 13).

Although statistics from 2016 to 2020 show relatively small positive changes, over the ten years (2010-2020), the proportion of people with disabilities and long-term sickness, both overall and by gender (women, men) and the proportion of people not looking for work due to illness or disability, is increasing. This increase is partly because, in general, the number of persons for whom disability has been determined following regulatory enactments has increased and also due to the non-availability of health care services.

3.2 Analysis of labour market policies relevant to the Semester

Various improvements have been made in recent years to promote people with disabilities into the labour market. The services provided by the State Employment Agency (SEA) are designed more specifically by developing individual job search plans and providing the necessary support. The SEA shall also perform work with employers and the public, explaining the employability of persons with disabilities. Social entrepreneurship has been recognised as an essential support mechanism.

On the other hand, the vocational rehabilitation service supports people with mental disabilities and has introduced five new vocational further training programmes in line with the demand for the labour market. 'In total, by May 2021, 160 persons have started studies in further vocational education and skills programmes - 45 persons in further vocational education and 115 persons in skills programmes. One hundred twenty-five persons have completed training - 36 in further vocational education and 89 in skills programmes. At the end of 2020, 15 persons had found a job after mastering skills programmes and 14 persons after acquiring further vocational education'.⁹

For reference, see also the [2021 Recovery and Resilience Plan for Latvia](#), the [2021 National Reform Programme](#), and the Implementation Plan of the United Nations Convention on the Rights of Persons with Disabilities (2018-2020).

The RRP 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, such as *Inclusive Employment Guidelines 2015–2020*,¹⁰ *An informative Report on the interim evaluation of the implementation of the Inclusive Employment Guidelines for 2015-2020*¹¹ and *Guidelines for the Implementation of the UN CRPD in 2014-2020*,¹² that were analysed in more detail in our previous report of the European Semester 2020-2021.

⁹ Cabinet of Ministers (2021), *Latvijas Republikas apvienotais otrais un trešais ziņojums par Apvienoto Nāciju Organizācijas 2006.gada 13.decembra Konvencijas par personu ar invaliditāti tiesībām ieviešanu Latvijā laikā no 2017.gada 1.janvāra līdz 2019.gada 31.decembrim* (Joint Second and Third Report of the Republic of Latvia on implementation of the United Nations Convention on the Rights of Persons with Disabilities of 13 December 2006 from 1 January 2014 to 31 December 2019), 2021, para. 256-271, <http://tap.mk.gov.lv/lv/mk/tap/?pid=40504804&mode=mk&date=2021-08-10>. Subsequent mentions: *Joint Report on Implementation of the UN CRPD* (2021).

¹⁰ Cabinet of Ministers (2015), *Iekļaujošas nodarbinātības vadlīnijas 2015-2020* (Inclusive Employment Guidelines 2015-2020), <https://likumi.lv/ta/id/273969-par-iekļaujamos-nodarbinatibas-pamatnostadnem-20152020gadam>.

¹¹ Ministry of Welfare (2019), *Informatīvais ziņojums par iekļaujošas nodarbinātības pamatnostādņu 2015.–2020. gadam īstenošanas starpposma novērtējumu* (An Informative Report on the Interim Evaluation of the Implementation of the Inclusive Employment Guidelines 2015-2020), <https://www.lm.gov.lv/latvijas-politikas-planosanas-dokumenti-2>.

¹² Cabinet of Ministers (2013), Order No. 564 *Par Apvienoto Nāciju Organizācijas Konvencijas par personu ar invaliditāti tiesībām īstenošanas pamatnostādņēm 2014.–2020.gadam* (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-īstenošanas-pamatnostadnem-2014-2020-gadam>.

Employment policy for people with disabilities is analysed in the World Bank report '*Disability Policy and Disability Assessment System in Latvia*'.¹³ Key findings are:

- Latvia has low labour force participation, low employment (even among Group III disability, only half are employed) and high unemployment rates of persons with disabilities;
- to benefit from active labour market policies for persons with disabilities, a person with a disability must be certified as having a disability and registered as an unemployed person with PES;
- like other disability policies, active labour market programmes for persons with disabilities are set up almost in isolation from other policies aimed to optimize functioning of persons with disabilities and maximise their activities and participation;
- a comprehensive, multidisciplinary assessment of needs of persons with disabilities matched with the service provision plan is lacking, contributing to institutional turfs, fragmentation, overlaps, inefficiencies and suboptimal results;
- data on labour market participation of persons with disabilities are rather basic and do not allow for a more comprehensive analysis.¹⁴

Based on these findings, especially in labour market policy, it was recommended to:

- introduce multidisciplinary needs assessment and service matching;
- make employment support for persons with disabilities as part of an integrated service provision model;
- improve public employment services for persons with disabilities and expand public employment services for clients with disabilities;
- increase spending on active labour market programmes;
- consider changes to the existing programmes to support labour market participation of persons with disabilities and persons caring for them;
- continue regular monitoring and impact assessment.¹⁵

The recommendations of the World Bank report are initially taken into account in the new *Plan for Promoting Equal Opportunities for Persons with Disability for 2021-2023*¹⁶ (approved in 2021), which is intended further to strengthen inclusive employment within the third direction of action. In order to improve individual support for persons with disabilities in search of work, taking into account the nature of the disability, functional disorders and the degree of severity of the functioning limitations, the Plan includes the following measures:

- implement the subsidised employment measures, including the introduction of differentiation of subsidies according to the severity of the disability;
- review support measures for persons employed in social enterprises, including persons with disabilities;

¹³ 'World Bank. *Disability Policy and Disability Assessment System in Latvia* © World Bank.' (2020), <https://www.lm.gov.lv/lv/invaliditate-0>. Subsequent mentions: *World Bank Report* (2020).

¹⁴ *World Bank Report* (2020), p. 166.

¹⁵ *World Bank Report* (2020), pp. 174-175.

¹⁶ *Plan to Promote Equal Opportunities for Persons with Disabilities* (2021).

- improve the method of client profiling and developing an individualized approach, including the creation of a personalised basket of support services in line with the capabilities and needs of people with disabilities;
- improve the skills of SEA employees and cooperation partners in work with people with disabilities;
- evaluate the efficiency of motivation programmes with a mentor;
- develop proposals for the introduction of a support person (mentor) in the workplace for persons with mental disabilities;
- determine the scope of preventive services (including adjustments of workplaces) for workers with disabilities and for persons with long-term incapacity of work for maintaining the working abilities and competitiveness in the labour market;
- evaluate the results of the pilot project regarding the costs of reimbursement of state social insurance contributions for the employers in the social enterprises;
- inform educational establishments on ensuring accessibility for persons with different types of disorders;
- assess preconditions for quota implementation.¹⁷

31 August 2021, the Government approved¹⁸ the medium-term policy planning document '*Strategy on Social Protection and Labour market Policy for the period 2021–2027*'.¹⁹ The Strategy sets out new policy performance indicators to promote inclusive, equal and high-quality labour market development and set an increase of 38.5 % in the employment rate of people with disabilities (age group 20-64 as % of the total number of people with disabilities in the age group concerned) from a base value of 38.5 % in 2018 to 45 % in 2024 and 50 % in 2027.²⁰ The performance indicators are expected to be achieved by carrying out the tasks for all unemployed, job-seekers and people at risk of unemployment, and include the competitiveness of individuals and responding to the transformation of the labour market and the need to adapt to the current labour market situation,²¹ ensuring the development of safe working environments, quality jobs and decent work,²² development and improvement of the

¹⁷ *Plan to Promote Equal Opportunities for Persons with Disabilities* (2021), pp. 40-43.

¹⁸ Cabinet of Ministers (2021), Minute notes No.58, § 37, <http://tap.mk.gov.lv/mk/mksedes/saraksts/protokols/?protokols=2021-08-31>.

¹⁹ Cabinet of Ministers (2021), *Sociālās aizsardzības un darba tirgus politikas pamatnostādnes 2021.-2027.gadam* (Strategy on Social Protection and Labour market Policy for the period 2021 – 2027), <http://tap.mk.gov.lv/lv/mk/tap/?pid=40502106&mode=mk&date=2021-08-31>. Subsequent mentions: *Strategy on Social Protection and Labour market Policy* (2021).

²⁰ *Strategy on Social Protection and Labour market Policy* (2021), p. 17.

²¹ Task 'Improving the competitiveness of individuals and their ability to adapt to the current labour market' is intended to improve the knowledge and skills needed for the labour market, including improving the delivery of individualised support, support for regional mobility, measures for the development of subsidized, temporary employment and skills needed for work, digital and artificial intelligence solutions for better matching labour market demand and supply; increasing the availability and quality of career development support services; improving inter-institutional cooperation and the employment situation of persons with disabilities by providing complex and targeted support (job adjustments, counselling and other).

²² In the framework of a safe working environment, quality jobs and decent work, it is planned to raise awareness among the public, employees and employers about promoting diversity, reducing discrimination and inclusion, reconciling work and private life for employees, including with care obligations in households, promote the level of awareness and understanding of the public (especially employers, employees and labour protection professionals) on Labour Law and labour protection issues (in different forms of employment) and prevention of occupational diseases and

environment of social entrepreneurship and regular review of the minimum wage. Of all the tasks identified in the field of labour policy, people with disabilities have been identified in two tasks as a direct target group, providing that the employment situation of people with disabilities will be better by improving the delivery of individual support and providing complex and targeted support (working place adjustments, counselling and other) to promote sustainable inclusion in the labour market.²³

Therefore, the planned measures in the short term 2021-2023 and the medium term up to 2027 align with the directions set out in section 4.3 'Fostering access to quality and sustainable jobs'.²⁴

early diagnosis of occupational diseases; provide support to businesses (especially micro and small businesses) in creating a safe and health-friendly working environment and improving the legal protection of workers (especially those in non-standard/new forms of employment).

²³ *Strategy on Social Protection and Labour market Policy (2021)*, pp. 16-17.

²⁴ European Commission (2021), *Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030*, pp.13-15,

<https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8376&furtherPubs=yes>.

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.'

On 10 August 2021, the Cabinet of Ministers (Government) approved the *Joint Second and Third Report of the Republic of Latvia on implementation of the United Nations Convention on the Rights of Persons with Disabilities of 13 December 2006 from 1 January 2014 to 31 December 2019*²⁵ (Report, not yet published on the UN website).

Informing on the measures taken under Article 19 of the CRPD (including responses to the Committee's recommendations No. 31 (a)-31 (c)), the Government in the Report refers to the deinstitutionalisation (DI) project. For ensuring the rights laid down in Article 25 and Article 26 of the CRPD (including responses to the Committee's recommendations No. 43 and 45), the Government points out that in the field of health, 'persons with disabilities have access to a wide range of public-paid healthcare services which are provided in accordance with the needs and which are in the same quantity and quality as other patients'.²⁶

²⁵ Cabinet of Ministers (2021), meeting notes No. 55, August 10 2021, <http://tap.mk.gov.lv/mk/mksedes/saraksts/protokols/?protokols=2021-08-10>.

²⁶ *Joint Report on Implementation of the UN CRPD* (2021), para. 240-255.

On the exercise of the rights set out in Article 28 of the CRPD (including responses to the Committees' recommendations No. 31 (c), 49 (a)-49 (b), the Government notes that there are no representative and reliable data available on the risk of poverty for persons with disabilities.²⁷

4.1 Summary of the social situation of persons with disabilities

Data from EU-SILC 2019 indicate the poverty risk rate for working age persons with disabilities in Latvia was 26.0 % in 2019, compared to 13.9 % for other persons of similar age - an estimated disability poverty gap of approximately 12 percentage points (see Table 21). For people aged over 65, the disability poverty gap was 3.0 points (49.1 % for older persons with disabilities and 46.1 % 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.

For persons with disabilities of working age in Latvia (age 16-64) the risk of poverty before social transfers was 41.8 % and 26.0 % after transfers. The in-work poverty rate for persons with disabilities aged under 60 was 10.3 %.

In 2021, an interim report was prepared in the study commissioned by the Ministry of Welfare entitled '*Annual evaluation of the policy on poverty and social exclusion reduction (including an in-depth assessment of the subsistence strategies of GMI beneficiaries)*'. The 2018 figures analysed in the interim report indicate that persons with disabilities are the second socio-demographic group, increasing the proportion of needy persons in Latvia. The authors point out that the proportion of people with disabilities increased by 2.1 percentage points in 2018 (by 4.5 percentage points between 2015 and 2018), and explained it, firstly, by the ageing population and, secondly, without excluding the possibility of 'infringements of labour protection rules for working-age workers and the limited access to timely healthcare by people belonging to lower-income quintiles also contributes to early loss of capacity and,

²⁷ The state social security benefit for persons with Group I Disability increased in a general case monthly from EUR 83.24 in 2019 to EUR 152.60 (or 83.33 %) for employed and EUR 198.40 (or 138.14 %) for non-working persons in 2021; for persons with a Group II disability from EUR 76.84 to EUR 130.80 (or 70.22 %) for employed and up to EUR 157.00 (or 104.27 %) for non-working persons, for persons with Group III Disability from EUR 64.03 to EUR 109.00 in 2021 (or 70.23 %) irrespective of the person works or does not work. For workers with disabilities since childhood, the monthly state social security benefit for Group I Disability has been increased from EUR 138.73 in 2019 to EUR 190.40 (or 37.25%), for Group II Disability from EUR 128.06 to EUR 163.20 (by 27.44 %), and for Group III Disability from EUR 106.72 to EUR 122.69 per month (or 14.96 %) in 2021. For non-working persons with disabilities since childhood, the monthly state social security benefit for Group I Disability has been increased to EUR 247.52 (or 78.42 %), for Group II Disability to EUR 195.84 (or 52.93 %) and Group III to EUR 136.00 (or 27.44 %) in 2021. The minimum disability pension has been increased by 112.40 % in general cases, while for persons with disabilities since childhood by 52.74 %. Consequently, the minimum disability pension of Group I Disability from 2021 in general cases is EUR 217.6 per month (2019 – EUR 102.45 per month) and EUR 260.80 for persons with disabilities since childhood (EUR 170.75 per month in 2019). For persons with Group II Disability, the minimum disability pension per month shall be EUR 190.40 (EUR 89.64 per month in 2019) in general cases and EUR 228.20 for persons with disabilities since childhood (EUR 149.41 per month in 2019). For persons with Group III Disability, the disability pension is increased from EUR 64.03 per month in 2019 to EUR 136 per month in 2021 in general cases, while for persons with disabilities from childhood from EUR 106.72 to EUR 163. (*Joint Report on Implementation of the UN CRPD (2021)*, para. 272-283.)

respectively, the acquisition of disability status'. One of the study's conclusions is that the proportion of people with disabilities at risk of poverty remains high among needy persons. This trend remains unchanged. The study results, which analysed the total income of individuals (social transfers and income from employment or economic activity), show that in 2018, an average of 62.9 % of people with disabilities was at risk of poverty. The highest risk of poverty was for persons with Group II disability – 73.7 % and persons with mental disabilities – 80.7 %. The risk of poverty decreases significantly when a person with disabilities is employed.²⁸

National data from municipal reports²⁹ indicate the opposite trend: the number of needy persons with disabilities has decreased from 12,427 in 2014 to 7 451 in 2020 (by 40 %) (Table 23). It should be noted that national data relate to persons with an officially determined disability and may not be in line with EU data concerning people with self-reported long-standing limitations in usual activities due to health problems.

After judgements of the Constitutional Court in cases No. 2019-24-03³⁰ and No. 2019-27-03,³¹ the disability pensions' and state social insurance benefits' levels increased in 2020 and 2021. Differentiation was applied due to the severity and the cause of disability (in general case or disability since childhood) and employment status. In absolute terms, the amount of the disability pension for persons with Group I disability in general cases increased by EUR 115.15, for persons with Group II disability - by EUR 100.70 and for persons with Group III disability - by EUR 71.97. Then for persons with disabilities from childhood, the disability pension for Group I disability increased by EUR 90.05, Group II disability - by EUR 78.79 and Group III disability - by EUR 56.28 (compared to the minimum pension levels in 2019). In general, the amount of disability pension increased by 112.4 %, while for people with disabilities from childhood - by only 52.7 %. A similar situation is also observed in terms of the increase in state social security benefits. For example, monthly state social security benefits for employed persons with Group I disability increased in absolute terms by EUR 69.36, for non-working persons by EUR 115.14 (in percentage by 83.33 % for employed persons, by 138.32 % for non-working persons). For employed with disabilities from childhood, this benefit increased by EUR 51.67 or 37.25 %, while for non-working persons, the benefit increased by EUR 108.79 or 78.42 %. More detailed data are in Tables 24-25.

Of interest to health policy are the EU-SILC 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

²⁸ Foundation 'Baltic Institute of Social Sciences' (2021). *Starpziņojums "Ilgadējs nabadzības un sociālās atstumtības mazināšanas rīcībpolitikas izvērtējums (t.sk. padziļināts izvērtējums par GMI saņēmēju iztikšanas stratēģijām* (Interim Report 'Annual evaluation of the policy on poverty and social exclusion reduction (including an in-depth assessment of the subsistence strategies of GMI beneficiaries)", pp.103-178. Not published.

²⁹ Ministry of Welfare (2021), *Key policy performance indicators in the field of disability support*, <https://www.lm.gov.lv/lv/invaliditate-1>.

³⁰ Judgment in Case No. 2019-24-03, <https://www.satv.tiesa.gov.lv/cases/?case-filter-years=&case-filter-status=&case-filter-types=&case-filter-result=&searchtext=2019-24-03>.

³¹ Judgment in Case No. 2019-27-03, <https://www.satv.tiesa.gov.lv/cases/?case-filter-years=&case-filter-status=&case-filter-types=&case-filter-result=&searchtext=2019-27-03>.

disabilities in Latvia was 8.4 %, compared to 1.6 % for other persons, which was well above the EU27 average of 1.7 % in 2019.

CSB data for 2015 and 2020 indicate that the three main reasons for adults' unmet need for medical care (except dental) are too expensive medical care; long waiting list; and desire to wait and see if a problem got better on its own. It should be noted that compared to 2015, in 2020, the indicator on the cost of healthcare services decreased by 20.9 percentage points, while the indicator for waiting list increased by 9.20 percentage points and the rate of expectations for waiting increased by 7.7 percentage points. More often than women in 2020, men have indicated a desire to wait (an increase from 13.9 percentage points 2015), while women have more frequently indicated on a waiting list (increase by 12.7 percentage points) (Tables 26-31). These data highlight problems in accessing health services, which will increase the number of people with disabilities in the future. 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.

Several conclusions and recommendations on medical rehabilitation services in Latvia are set out in the World Bank Report. World Bank experts point out that medical rehabilitation in Latvia is underfunded and underdeveloped, as evidenced by long waiting lists for services. It is not well integrated into the overall continuum of the measures to maximise the functioning of persons experiencing disability. Medical rehabilitation for working-age adults is not provided promptly and appropriate and sufficient quantity; there are no specified rehabilitation programmes for persons with health conditions that may affect their work capacity. The coverage of rehabilitations services is uneven across Latvia, affecting equality in access to services.

At the same time, it is recommended to:

- expand and strengthen medical rehabilitation services in terms of special coverage, a menu of services, human resources and funding;
- increase the importance of medical rehabilitation in the overall continuum of the health care provision;
- develop specific rehabilitation programmes for persons with health conditions that may adversely affect their work capacity;
- improve awareness of patients and professionals on the importance and available rehabilitation services in Latvia.³²

A detailed list of conclusions and recommendations is available in Table 32.

4.2 Analysis of social policies relevant to the Semester

In the Joint Report on Implementation of the UN CRPD the Government refers to the deinstitutionalisation (DI) project launched in 2016, which is implemented by co-financing of the ERDF (EUR 54.8 million) and the ESF (EUR 54.6 million) (until end of 2023). By 31 December 2020, the ESF DI projects ensured social services to 646 adults with mental disabilities, while creating 27 social service providers was completed under the ERDF DI project. It was planned to increase the social services

³² *World Bank Report (2020)*, pp. 143-144.

for people with mental disabilities in society from 20 % (at the beginning of the project) to 80 % (at the end of the project). At the beginning of 2020, however, this share was 26 %.

In the field of health, the Government pointed out that persons with disabilities have access to public-paid healthcare services in the same quantity and quality as other patients. The fact that persons with disabilities have additional facilities for receiving and facilitating access to public-paid healthcare services indicates the exemption of persons with Group I disability (along with some others, such as groups of mentally ill persons) from a patient co-payment EUR 4. It is expected that as of 1 January 2022, people with Group II disability will also be exempted from the patient's co-payment. At the same time, information was provided on the '*Plan for Improvement of Access to Psychological Health Care for the period 2019 – 2020*' approved by the Government on 19 June 2019; regarding changes in the field of mental health, increasing the amount of reimbursement of medicinal products intended for the treatment of psychological and behavioural disorders, reviewing the remuneration of medical practitioners and changing the procedures for obtaining the speciality of a child psychiatrist. In the field of habilitation and rehabilitation, only theoretical lessons have been drawn from the *Conceptual Report on Health System Reform* approved in 2017, which supports the need for reforms to be carried out and sets out the indicators to be achieved in the field of public health and health through the development of the healthcare system. This reform also includes improving the availability and quality of all forms and levels of rehabilitation services. Information is provided that additional funding has been allocated annually to the availability of rehabilitation services since 2017, resulting in a reduction of service reception time on average by 30 %.³³

Regarding the risk of poverty for persons with disabilities the Government notes that there are no representative and reliable data available. However, the limited opportunities for persons with disabilities to obtain adequate income from paid employment may result in a higher risk of poverty and social exclusion. In order to mitigate these risks, people with disabilities are provided with support packages in monetary terms, services and facilities, offered by the state and local governments. In 2018, EUR 202 million was spent on services and reliefs provided by the state in different sectors (excluding the welfare sector) for persons with disabilities. After judgements of the Constitutional Court, the disability pensions' and state social insurance benefits' levels increased in 2020 and 2021. Differentiation was applied due to the severity and the cause of disability (in general case or disability since childhood). For persons with Groups I and II disability, the state social security benefit amount shall also be differentiated according to employment status.³⁴ For reference, see also

³³ *Joint Report on Implementation of the UN CRPD (2021)*, para. 240-255.

³⁴ The state social security benefit for persons with Group I Disability increased in a general case monthly from EUR 83.24 in 2019 to EUR 152.60 (or 83.33 %) for employed and EUR 198.40 (or 138.14 %) for non-working persons in 2021; for persons with a Group II disability from EUR 76.84 to EUR 130.80 (or 70.22 %) for employed and up to EUR 157.00 (or 104.27 %) for non-working persons, for persons with Group III Disability from EUR 64.03 to EUR 109.00 in 2021 (or 70.23 %) irrespective of the person works or does not work. For workers with disabilities since childhood, the monthly state social security benefit for Group I Disability has been increased from EUR 138.73 in 2019 to EUR 190.40 (or 37.25 %), for Group II Disability from EUR 128.06 to EUR 163.20 (by 27.44 %), and for Group III Disability from EUR 106.72 to EUR 122.69 per month (or 14.96 %) in 2021. For non-working persons with disabilities since childhood, the monthly state social security benefit for Group I Disability has been increased to EUR 247.52 (or 78.42 %), for Group II

the [2021 Recovery and Resilience Plan](#) for Latvia, the [2021 National Reform Programme](#), and the Implementation Plan of the United Nations Convention on the Rights of Persons with Disabilities (2018-2020).

The objective of the third component 'Inequality reduction' in the RRP is, among other things, to improve access to social services. It is planned to develop new healthcare services close to the familial environment, to encourage the synergistic development of social and vocational rehabilitation. As part of the Health component, measures are intended to strengthen the resilience and accessibility of the health sector. The measures relate more to the development of infrastructure and the ability of medical practitioners to adapt to crisis situations. Special attention shall be paid to the development of the further training system for medical practitioners and oncology.³⁵

*Plan for the Promotion of Equal Opportunities for Persons with Disabilities for 2021-2023*³⁶ does not specify measures to reduce poverty for persons with disabilities and to ensure access to healthcare services.

Poverty alleviation of persons with disabilities, as a direct target group, is not included on the political agenda. The Government in its *2021 National Reform Programme*³⁷ has indicated increase of disability pension and the amount of the state social security benefit for persons with disabilities from January 2021 but these changes were made due to judgements of the Constitutional court. Following judgments of the Constitutional Court in cases regarding the non-compliance of the state minimum income level and the state social security benefit level with the Constitution, the *Saeima* made appropriate amendments by increasing the amount of the state social security benefit in 2021 and determining the minimum amount of the disability pension. The new minimum levels of the state social security benefit and disability pension were set 'based on a methodology and according to the socio-economic situation, [...] in proportion to the opportunities and needs of the rest of society'. Amendments to the *Law on Social Security* provide that 'minimum income thresholds shall be reviewed at the same time at least every three years'.³⁸ Because of the agreement reached in the Government and the *Saeima* on wage increases in the health, education, interior affairs and culture sectors,³⁹ the *Saeima* plans to assess the increase of the minimum

Disability to EUR 195.84 (or 52.93 %) and Group III to EUR 136.00 (or 27.44 %) in 2021. The minimum disability pension has been increased by 112.40 % in general cases, while for persons with disabilities since childhood by 52.74 %. Consequently, the minimum disability pension of Group I Disability from 2021 in general cases is EUR 217.60 per month (2019 – EUR 102.45 per month) and EUR 260.80 for persons with disabilities since childhood (EUR 170.75 per month in 2019). For persons with Group II Disability, the minimum disability pension per month shall be EUR 190.40 (EUR 89.64 per month in 2019) in general cases and EUR 228.20 for persons with disabilities since childhood (EUR 149.41 per month in 2019). For persons with Group III Disability, the disability pension is increased from EUR 64.03 per month in 2019 to EUR 136 per month in 2021 in general cases, while for persons with disabilities from childhood from EUR 106.72 to EUR 163. (*Joint Report on Implementation of the UN CRPD (2021)*, para. 272-283.)

³⁵ *Recovery and Resilience Plan of Latvia (2021)*, pp. 48-49, 164, 179-181, 240.

³⁶ *Plan to Promote Equal Opportunities for Persons with Disabilities (2021)*.

³⁷ *The 2021 National Reform Programme (2021)*, pp. 16-18, 32.

³⁸ Saeima (1995), *Likums 'Par sociālo drošību'* (Law on Social Security), s. 2.² (3), <https://likumi.lv/ta/id/36850-par-socialo-drosibu>.

³⁹ LV portal (24 September 2021), *Valdība vienojas par 2022. gada valsts budžeta prioritātēm* (Government agrees on 2022 state budget priorities), <https://lvportals.lv/dienaskartiba/332848-valdiba-vienojas-par-2022-gada-valsts-budzeta-prioritatem-2021>.

wage up to EUR 630,⁴⁰ a possible increase in minimum income levels after three years (in addition to the few years` offset of the base data), the risk of poverty and social exclusion of the needy people, including people with disabilities, will not be significantly reduced.

The *2021 National Reform Programme* also indicates the payment of several benefits to persons with disabilities and families raising a child with a disability. However, these are one-off measures related to the COVID-19 emergency and did not significantly improve the income level of people with disabilities.⁴¹

The new '*Strategy on Social Protection and Labour market Policy for 2021 – 2027*' does not identify persons with disabilities as a target group. The policy objective of 'promoting social inclusion of the population by reducing income inequalities and poverty, [...]' is intended to be achieved by 'social transfers (that) are both adequate and financially sustainable and do not undermine the motivation to enter the labour market'. The measures will be planned 'proportionally and responsibly' in the interests of all members of the society, not posing a threat and not limiting the options and adequacy of support for future generations with the short-term solutions. One of the policy achievements will be reducing poverty risk from 21.6 % (base value in 2019) to 21 % in 2024 and 19 % in 2027.⁴²

However, the '*Plan for Improvement of Minimum Income System for 2022 – 2024*' approved by the Government on 14 September 2021, provided that the methodology for calculating the minimum income thresholds shall be set in legal acts (currently, there are defined absolute numbers), and the review of minimum income thresholds shall be made on an annual basis. It means that the amount of the state social security benefit, minimum pensions for persons with disabilities and guaranteed minimum income benefit provided by municipalities are expected to increase every year since 2023 (currently once in three years).⁴³

The publicly available draft '*Strategy for Public Health for the period 2021-2027*' does not identify persons with disabilities as a specific target group. The Strategy sets out five action lines⁴⁴ and priority areas for health, including medical rehabilitation. The Strategy recognises that 'poor public health indicators are primarily due to the long-term lack of state budget funding for health care, one of the lowest in the EU'. Therefore, a large part of healthcare costs is covered by direct patient payments, one of the highest across the EU. The leading causes of death are cardiovascular diseases, malignancies and external causes of death. Based on the need for individual measures, disability has been identified as both a risk and a cause. Rehabilitation

⁴⁰ Portal tvnet (18 August 2021), *Vērtēs iespēju palielināt minimālo algu līdz €630* (Possible increase of the minimum wage up to €630 is under evaluation), <https://www.tvnet.lv/7318290/vertes-iespeju-palielinat-minimalo-algu-lidz-630>.

⁴¹ *The 2021 National Reform Programme* (2021), p. 11.

⁴² *Strategy on Social Protection and Labour Market Policy* (2021), pp. 11-14.

⁴³ 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>.

⁴⁴ (1) Healthy and active living style, (2) Reduction of infections, (3) Human-centred and integrated healthcare, (4) Provision of human resources and skills development and (5) Sustainability of healthcare, strengthening management, efficient use of healthcare resources.

services' development, improvement and timeliness (in the context of improving the infrastructure of medical facilities, including the development of specialised hospitals) has been identified as one of the tasks during 2021-2027. In the field of medical rehabilitation, the outcome policy indicators have not been identified, except for the increase in public expenditure on healthcare and rehabilitation for one person from EUR 532.80 (in 2021) to EUR 1 402.80 in 2027.⁴⁵

⁴⁵ Ministry of Health (2021), *Sabiedrības veselības pamatnostādnes 2021.-2027.gadam (projekts)* (Strategy for Public Health for 2021-2027 (draft), pp. 8-10, 29-34, 40, 69, https://tapportals.mk.gov.lv/legal_acts/b8342cd9-318a-4f99-b147-0a144bcbf231).

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.’

On 10 August 2021, the Cabinet of Ministers (Government) approved the *Joint Second and Third Report of the Republic of Latvia on implementation of the United Nations Convention on the Rights of Persons with Disabilities of 13 December 2006 from 1 January 2014 to 31 December 2019*⁴⁶ (Report, not yet published on the UN website).

Informing on the measures taken under Article 24 of the CRPD (including responses to the Committee's recommendations No. 13(a) and 41), the Government in the Report observes that, ‘there are generally positive trends for the inclusion of children with special needs in general education institutions’. Several projects are being implemented focusing on the development of the competencies of learners and the need for the termination of early school leaving. In the field of vocational training individuals with a disability have the opportunities ‘equally and in compliance with previously acquired education’ integrate at all levels of vocational qualification. Vocational basic education programmes have been improved, several vocational education institutions have accessible environment for learners with visual, hearing, mobility and mental disabilities. Guidelines prepared by the Ministry of Welfare for the development of an inclusive study environment have been identified in the provision of higher education.⁴⁷

5.1 Summary of the educational situation of persons with disabilities

The EU-SILC 2019 estimates concerning educational attainment should be treated with additional 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 33 indicates early school leaving rates disaggregated by disability status in Latvia. Youth with disabilities (aged 18-24) tend to leave school significantly more than peers of the same age groups without disabilities (and this is reinforced by widening the sample size to age 18-29). Table 34 shows completion rate of tertiary education disaggregated by disability and age group. Persons with disabilities (age 30-34) are less likely to complete tertiary education than their peers (and this is reinforced in the wider age range 30-39).

⁴⁶ Cabinet of Ministers (2021), meeting notes No. 55, 10 August 2021, <http://tap.mk.gov.lv/mk/mksedes/saraksts/protokols/?protokols=2021-08-10>.

⁴⁷ *Joint Report on Implementation of the UN CRPD* (2021), para. 225-239.

In December 2020, there were 8 444 children with disabilities in Latvia.⁴⁸ 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 with disabilities. The proportion of children with special needs in general education institutions has increased from 34.76 % in the 2013/2014 academic year to 56.2 % in the 2019/2020 academic year (or by 21.4 percentage points). During the 2019/2020 academic year of 15 437 learners with special needs 3 194 children studied in a general education programme, 5 484 children - in special education programmes in general education institutions, 1 180 children - in classes with a special education programme and special schools – 5 579 children. Accordingly, 36.1 % of children with special needs studied in special schools, 35.5 % in special education programmes, 20.7 % in general education programmes and 7.6 % in classes with a special education programme.⁴⁹ The total proportion of integrated learners with special needs is increasing (Table 35).

In the field of vocational and higher education, data on persons with disabilities are not publicly available. CSB compiles data on early leavers from education and training aged 18-24 years, which indicate that the total share of early leavers has decreased by 1.3 percentage points between 2014 and 2020. The proportion of men has decreased by more than 2.2 percentage points, while women have a reduction of just 0.4 percentage points (Table 36).

5.2 Analysis of education policies relevant to the Semester

For reference, see also the [2021 Recovery and Resilience Plan](#) for Latvia, the [2021 National Reform Programme](#), and the Implementation Plan of the United Nations Convention on the Rights of Persons with Disabilities (2018-2020).

Measures to be taken directly in the field of persons with disabilities are not specified in the RRP and NRP. 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. One of the objectives to be achieved is the achievement of the target of at least 12 % of adult participation in adult education set out in the *Education Development Guidelines for 2021-2027*.⁵⁰ In the *2021 National Reform Program*⁵¹ the Government has indicated support measures to reduce the consequences of the COVID-19 crisis in the field of education, including allowances for special school teachers for work during the COVID-19 crisis and surveys to find out the current situation in organising the learning process.

⁴⁸ State Medical Commission for the Assessment of Health Condition and Working Ability (2021), *Veselības un darbspēju ekspertīzes ārstu valsts komisijas publiskais pārskats 2020* (Public Report of the State Medical Commission for the Assessment of Health Condition and Working Ability), p. 27, <https://www.vdeavk.gov.lv/lv/publikacijas-un-parskati>.

⁴⁹ *Joint Report on Implementation of the UN CRPD* (2021), para. 272-283.

⁵⁰ *Recovery and Resilience Plan of Latvia* (2021), pp. 140-141, 148-149, par.704.

⁵¹ *The 2021 National Reform Programme* (2021), p. 12.

The *Plan for the Promotion of Equal Opportunities for Persons with Disabilities for 2021-2023*⁵² 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'*⁵³ set the main objective of 'providing high-quality educational opportunities for all Latvian citizens, to promote the development and implementation of their potential over the lifetime [...] and four additional objectives, among which it is planned to provide support for the growth of everyone and the development of modern, high-quality and high-skills oriented education supply highly valued in the labour market. This document does not specify people with disabilities as a target group. Measures to ensure the education of persons with disabilities are included according to the mainstreaming principle. In the field of general education, the provision of a targeted support system for the strengthening of inclusive education, the development of flexible and sustainable education supply, adult education and the quality of education has been identified as one of the main changes.

The Strategy sets out the task of ensuring a high-quality special education by continuing the improvement of the network of special education institutions, the training environment and infrastructure and the further planning of material and technical provision'; educational establishments in which children with special needs will be trained, providing extensive and complex support (e.g. development of teaching facilities, counselling) and improving the conditions for the involvement of children with special needs in basic vocational education programmes. Some of the performance indicators are the increase in the proportion of children and young people with special needs continuing education following compulsory education, from 28 % in 2019 to 33 % in 2024 and 38 % in 2027, and reduction in the proportion of young people (18-24 years old) who do not continue education from 8.7 % in 2019 to 7 % in 2024 and 5 % in 2027.⁵⁴

In 2021, the Ministry of Education and Science has been given a task to prepare an action plan for the implementation of the strategy for the period from 2021 to 2023.⁵⁵

⁵² *Plan to Promote Equal Opportunities for Persons with Disabilities* (2021).

⁵³ Cabinet of Ministers (2021), Order No. 436 '*Par Izglītības attīstības pamatnostādņem 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).

⁵⁴ Strategy on Education Development (2021), pp. 6-11, 33, 2021. Riga: Cabinet of Ministers. Available at: <https://likumi.lv/ta/id/324332-par-izglitibas-attistibas-pamatnostadnem-20212027-gadam>.

⁵⁵ Cabinet of Ministers (2021), Order No. 436, <https://likumi.lv/ta/id/324332-par-izglitibas-attistibas-pamatnostadnem-20212027-gadam>.

6 Investment priorities in relation to disability

6.1 Updates on use of existing EU funds (up to 2021)

The esfondi.gov.lv⁵⁶ site contains a list of all projects, but no information is available on completed projects. The website of the Ministry of Finance⁵⁷ provides information on projects implemented by the operational programme ‘*Growth and Jobs*’ in the welfare sector and changes in financial indicators from 2019 to 2023, which implies indirectly further implementation of projects. The website of the Ministry of Welfare⁵⁸ provides information on the following projects in progress - ERDF project ‘*Information support system for the deinstitutionalisation process (round 2)*’ (No. 2.2.1.1/19/I/008), ESF project ‘*Development of professional social work in municipalities*’ (No.9.2.1.1/15/I/001), ‘*Support for social entrepreneurship*’ (No.9.1.1.3/15/I/001). SEA⁵⁹ continues to implement projects ‘*Subsidised workplaces for the unemployed*’ (No. 9.1.1.1./15/I/001) and has completed the implementation of the project ‘*Support for long-term unemployed*’ (No. 9.1.1.2/15/I/001).⁶⁰ The Social Integration State Agency continue to implement the project ‘*Integration of persons with disabilities or mental disabilities into employment and society*’ (No.9.1.4.1/16/I/001).⁶¹ A detailed overview is in Table 37.

In the field of education, the implementation deadline of the ESF project ‘*Competence-based approach in the educational content*’ (No. 8.3.1.1/16/I/002) is extended to 31.12.2023.⁶²

The strategies for education, social protection and labour, digitisation and other areas for the period 2021-2027 have been approved in 2021. Public health strategy is under development. These medium-term planning documents are the basis for the development of more detailed action plans and relevant regulatory enactments in the coming years. The draft operational programme of the European Union funds for the programming period 2021-2027⁶³ is publicly available at the project level, in which persons with disabilities are identified as one of the target groups in areas of education, employment, healthcare, culture and others, including access to environment and services. The indicative timetable points out that legal acts for the programming period 2021-2027 should be developed by the end of 2021.⁶⁴ The evaluation of specific

⁵⁶ <https://esfondi.lv/es-fondu-projektu-mekletajs>.

⁵⁷ Webpage of the Ministry of Finance (2021), <https://www.fm.gov.lv/lv/630700-eiropas-sociala-fonda-esf-istenotie-projekti-labklajibas-nozare-2014-2020-3>.

⁵⁸ Webpage of the Ministry of Welfare (2021), <https://www.lm.gov.lv/lv/projekti>.

⁵⁹ Webpage of the Public Employment service (2021), https://www.nva.gov.lv/lv/projekti?project_categories%5B127%5D=127&created%5Bmin%5D=---&created%5Bmax%5D=---&created%5Bmin%5D=---&created%5Bmax%5D=---&created%5Bmin%5D=---&created%5Bmax%5D=---.

⁶⁰ The figures achieved by this project do not show individuals with disabilities separately.

⁶¹ Webpage of the Social Integration State Agency (2021), <https://www.siva.gov.lv/lv/projekti>.

⁶² Webpage of the National Centre for Education (2021), <https://www.visc.gov.lv/lv/projekti?title=&created%5Bmin%5D=&created%5Bmax%5D=&page=4>.

⁶³ Ministry of Finance (2021) *Eiropas Savienības fondu 2021.-2027.gada plānošanas perioda darbības programma (projekts)* (Operational Programme of the European Union funds for the programming period 2021-2027), <https://esfondi.lv/planosana-1>.

⁶⁴ Ministry of Finance (2021), *Indikatīvais ES fondu 2021.-2027.gada plānošanas perioda normatīvo aktu izstrādes laika grafiks* (Indicative timetable of legal framework for the EU funds programming period 2021-2027),

measures will be possible after the development of a detailed framework in Cabinet regulations in 2022.

6.2 Priorities for future investment (after 2021)

In July 2021, the European Commission approved the *Recovery and Resilience Facility Plan of Latvia for 2021-2026*. In September 2021, the Cabinet approved the procedures for implementation and monitoring of the European Union the Recovery and Resilience Facility Plan,⁶⁵ which forms the basis for the development of other regulatory enactments.

Under the *Recovery and Resilience Facility Plan*, it is intended to finance measures that apply equally to persons with disabilities as to all other target groups. 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 health care, 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.

One of the challenges of the Digital transformation component is to improve the digital skills of citizens (including people with disabilities), strengthen the ability of public authorities to provide services remotely and the ability of society to use these services. Support will be available for social enterprises for the development of social services and the NGO sector.

The Inequality reduction component foresees measures to promote access to public services and employment for people with disabilities: measures to ensure the environmental accessibility of the state and local government buildings, support measures for accessing the housing environment for people with disabilities, ensuring the specific environment and accessibility of information, and the purchase of buses for municipalities.⁶⁶

The planned start date for the projects` applications for the *Recovery and Resilience Facility Plan* shall be 2022.⁶⁷

https://esfondi.lv/upload/Zinojumi/0_fmzinop2_ikmenesa_es_fondi_21_27_na_laika_grafiks_27012_021.pdf.

⁶⁵ 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>.

⁶⁶ *Recovery and Resilience Plan of Latvia* (2021), pp. 12, 39-40., 58., 98-99., 143., 163.-164.

⁶⁷ Ministry of Finance (2021), *Atveseļošanās fonda projektu atlašu indikatīvais laika grafiks*, (Indicative timetable for the projects` applications for the Recovery and Resilience Facility Plan), <https://esfondi.lv/ko-plano-atbalstit-latvija>.

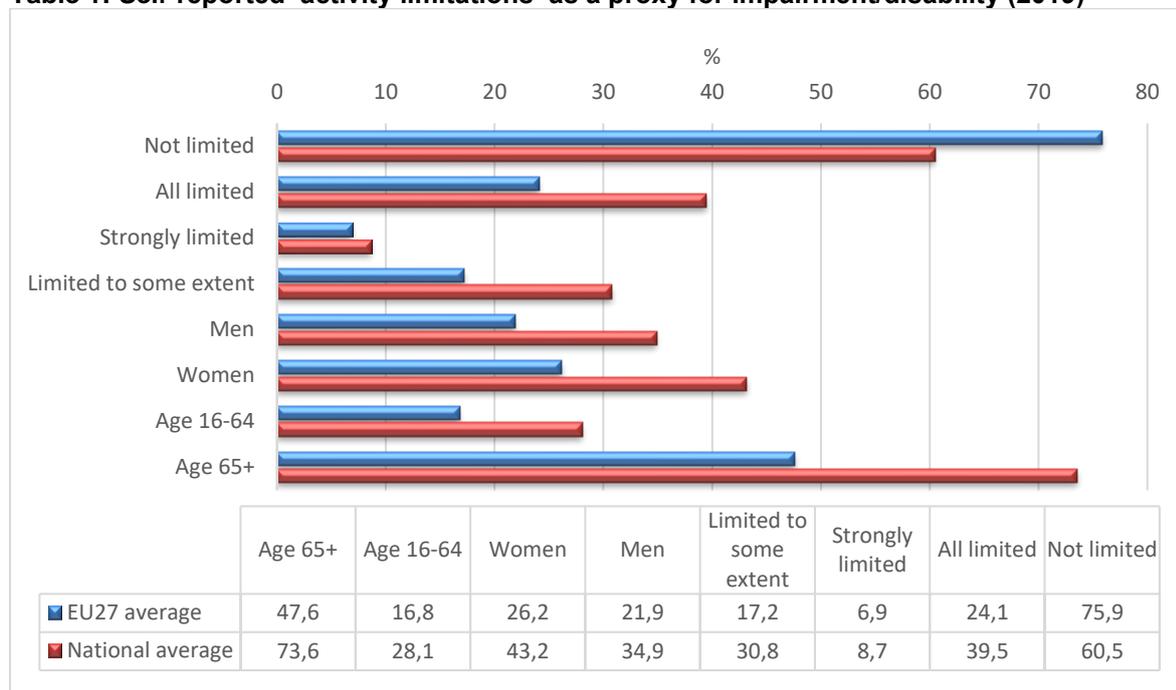
7 Annex: disability data relevant to the Semester

See also disability data published in the Eurostat database⁶⁸ and statistical reports.⁶⁹

Unless specified, the summary statistics are drawn from the most recent EU-SILC data available to researchers from Eurostat. 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’.⁷⁰

Table 1: Self-reported ‘activity limitations’ as a proxy for impairment/disability (2019)



Source: EU-SILC 2019 Release 2021 version 1.

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’.⁷¹ National estimates for Latvia are compared with EU27

⁶⁸ Eurostat health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

⁶⁹ Eurostat (2019) *Disability Statistics* https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics.

⁷⁰ The 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)).

⁷¹ This methodology was developed in the annual statistical reports of ANED, available at <http://www.disability-europe.net/theme/statistical-indicators>.

mean averages for the most recent year.⁷² A larger proportion of persons reported limitation in Latvia than the EU average.

7.1 Data relevant to disability and the labour market

Table 2: EU and Latvia employment rates, by disability and gender (aged 20-64) (2019)

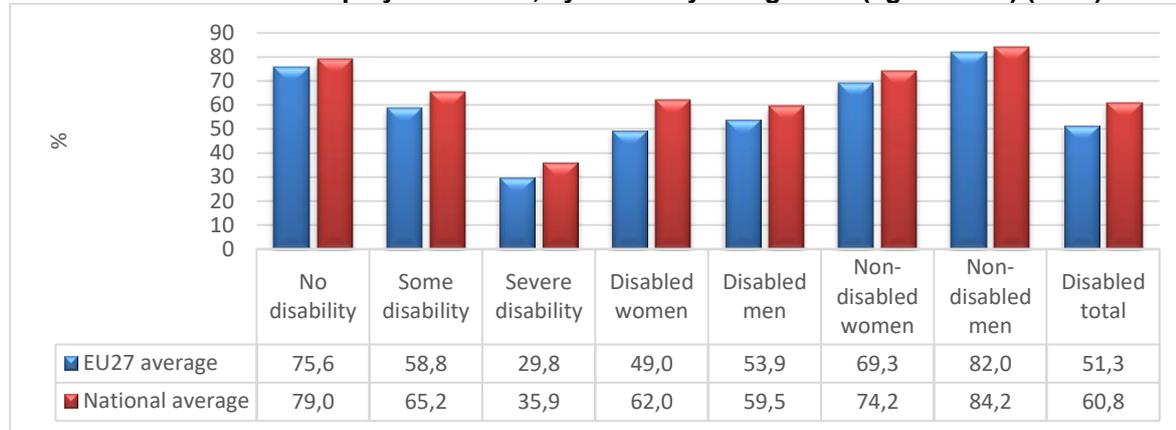


Table 3: Employment rates in Latvia, by disability and age group (2019)

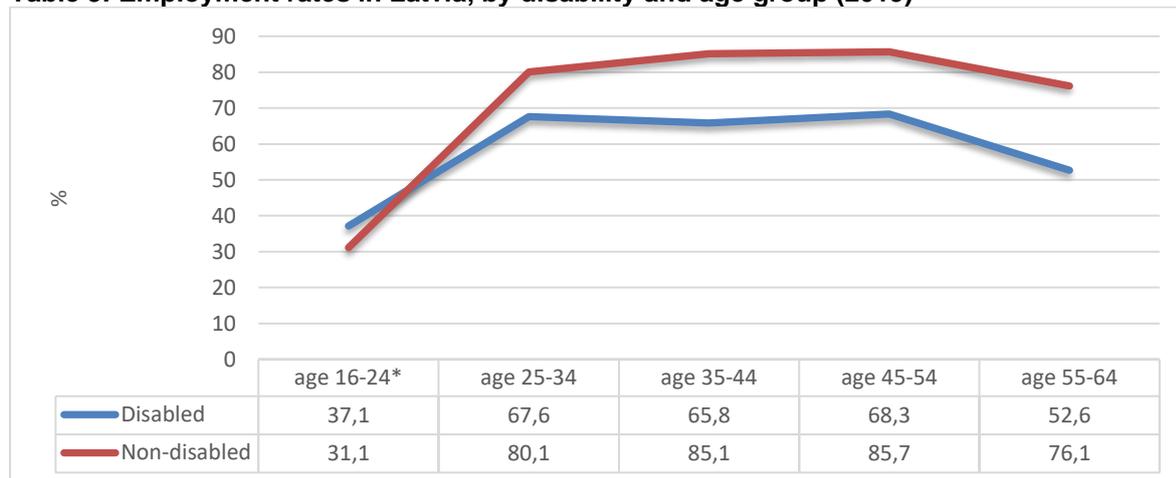
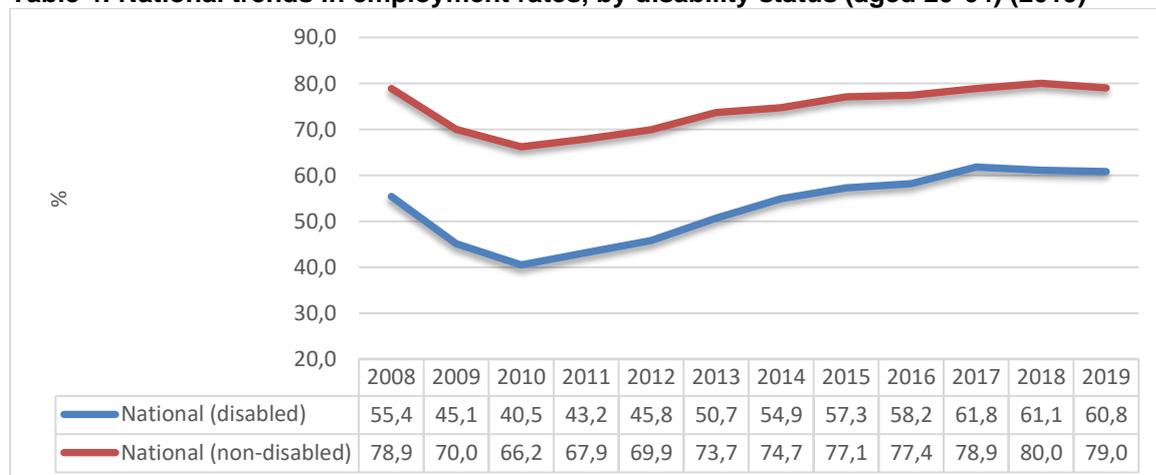


Table 4: National trends in employment rates, by disability status (aged 20-64) (2019)



⁷² The exit of the United Kingdom from the EU changes the EU average. Averages were also affected in 2015 by a discontinuity in the German disability data due to a definitional change.

Source: EU-SILC 2019 Release 2021 version 1 (and preceding UDBs).

7.1.1 Unemployment

Table 5: Unemployment rates by disability and gender (aged 20-64) (2019)

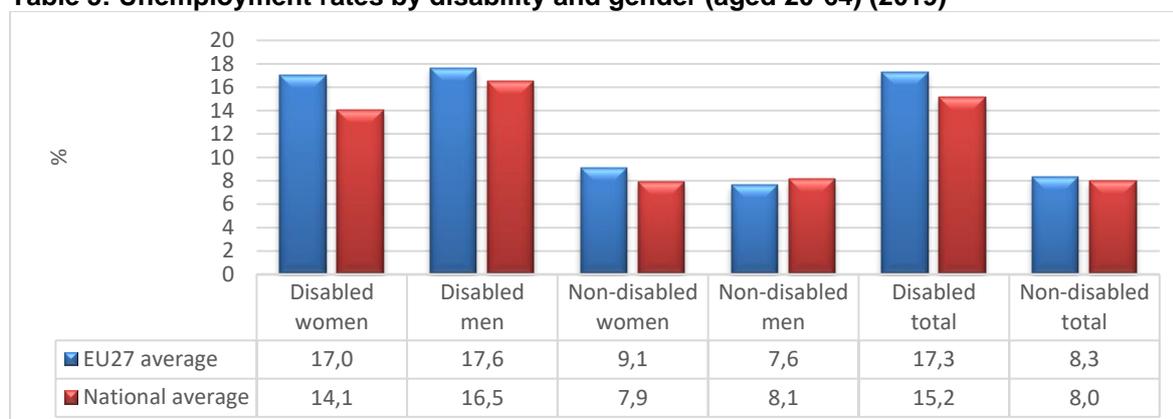


Table 6: Unemployment rates in Latvia, by disability and age group (2019)

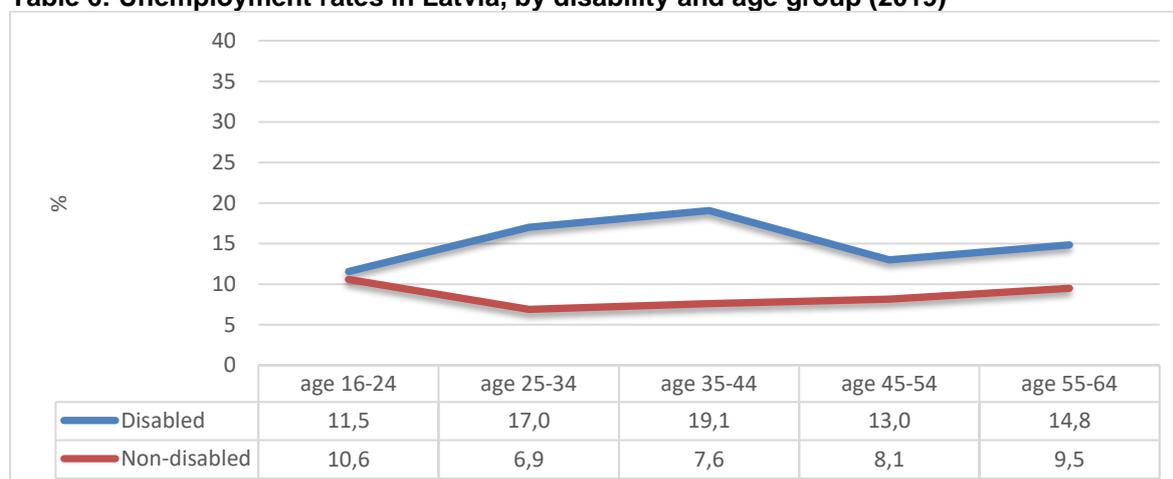
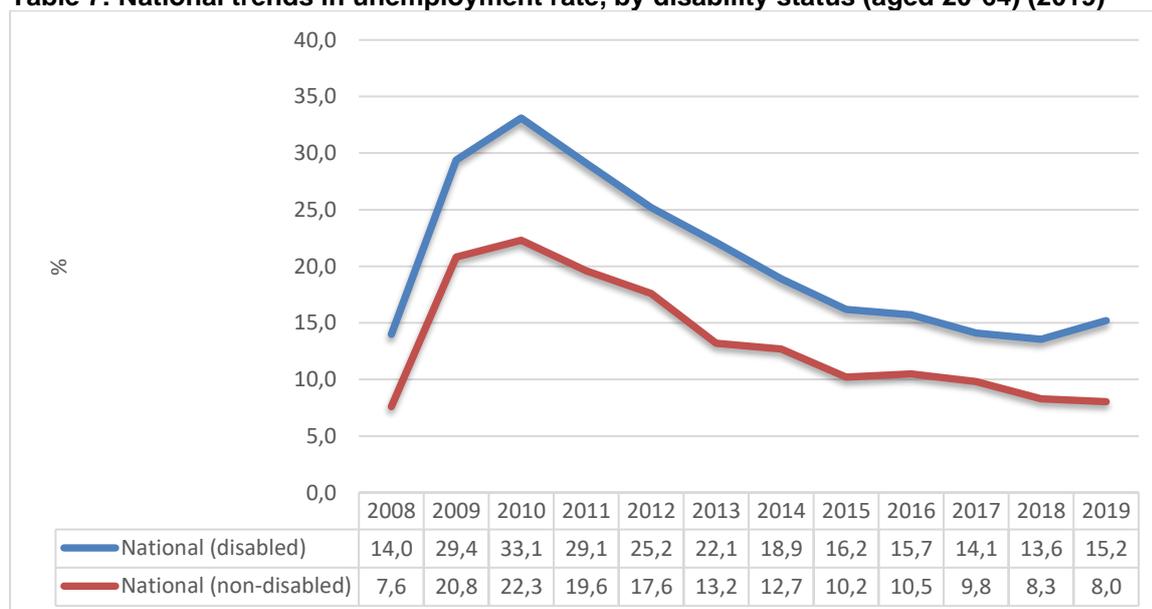


Table 7: National trends in unemployment rate, by disability status (aged 20-64) (2019)



Source: EU-SILC 2019 Release 2021 version 1 (and preceding UDBs).

7.1.2 Economic activity

Table 8: Activity rates in Latvia, by disability and gender (aged 20-64) (2019)

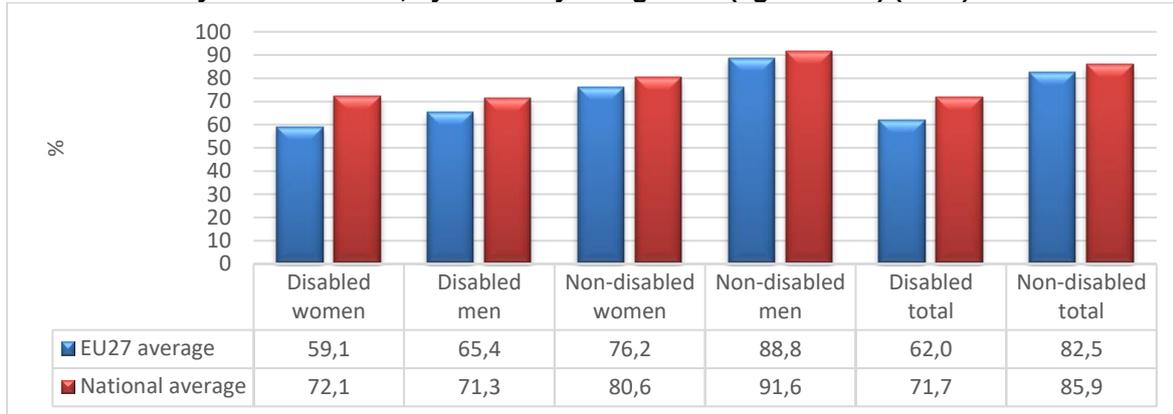


Table 9: Activity rates in Latvia, by age group (2019)

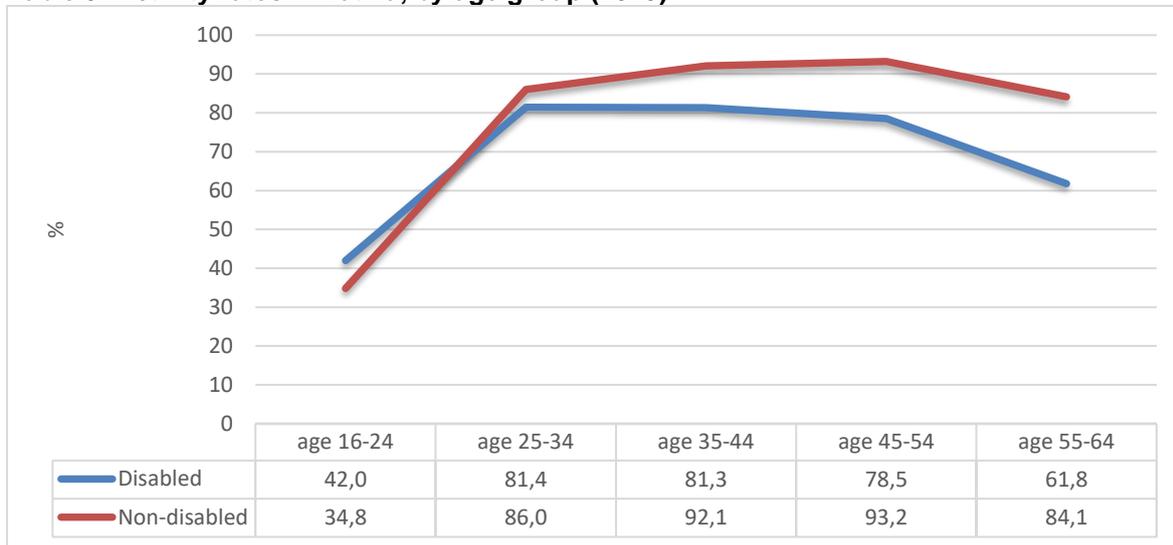
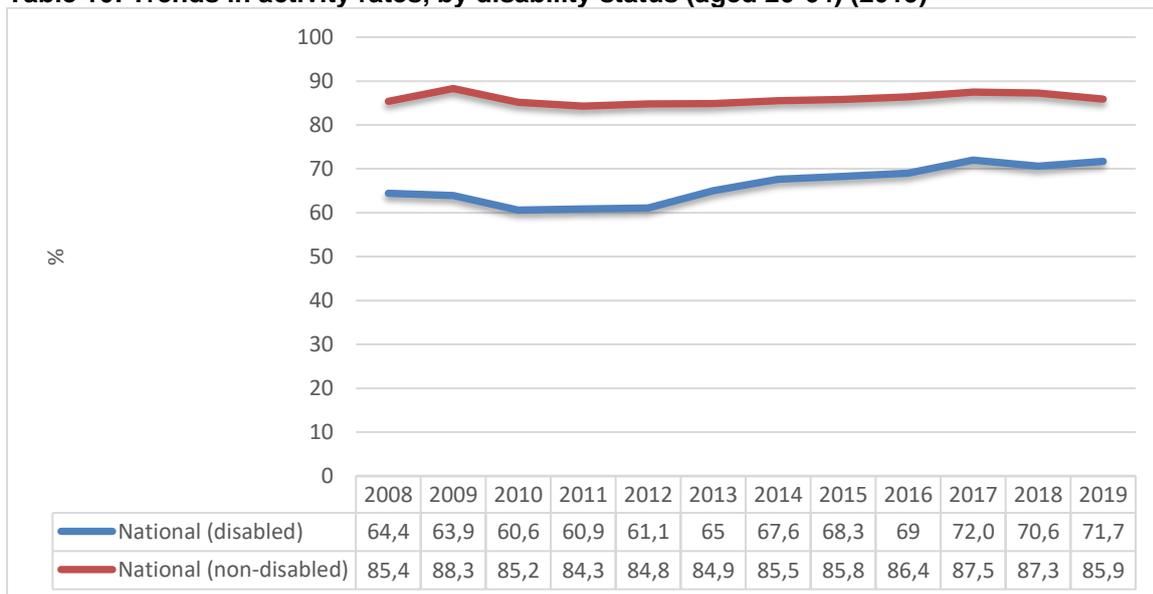


Table 10: Trends in activity rates, by disability status (aged 20-64) (2019)

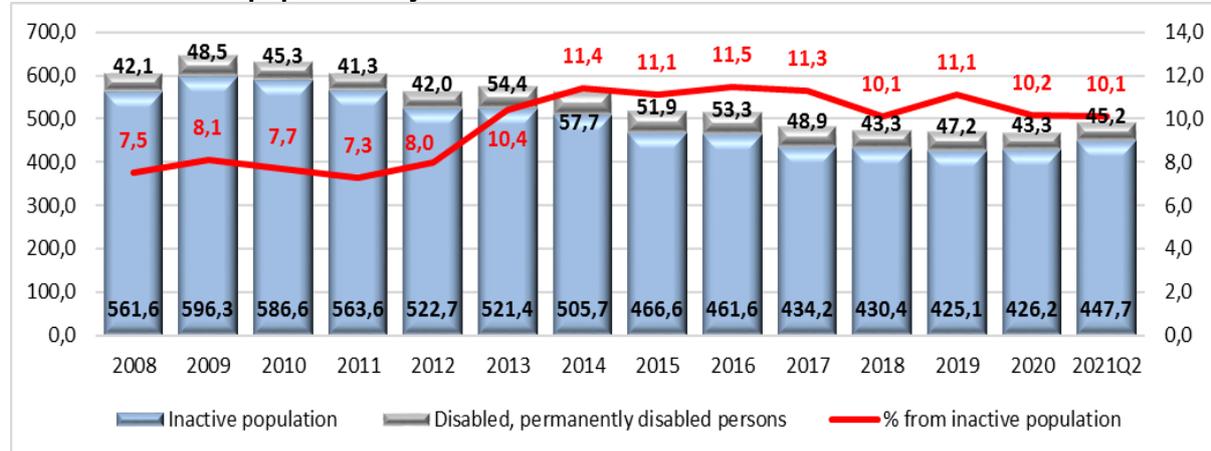


Source: EU-SILC 2019 Release 2021 version 1 (and preceding UDBs).

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 modules conducted in 2001 and 2011. These can be found in the Eurostat disability database.⁷³

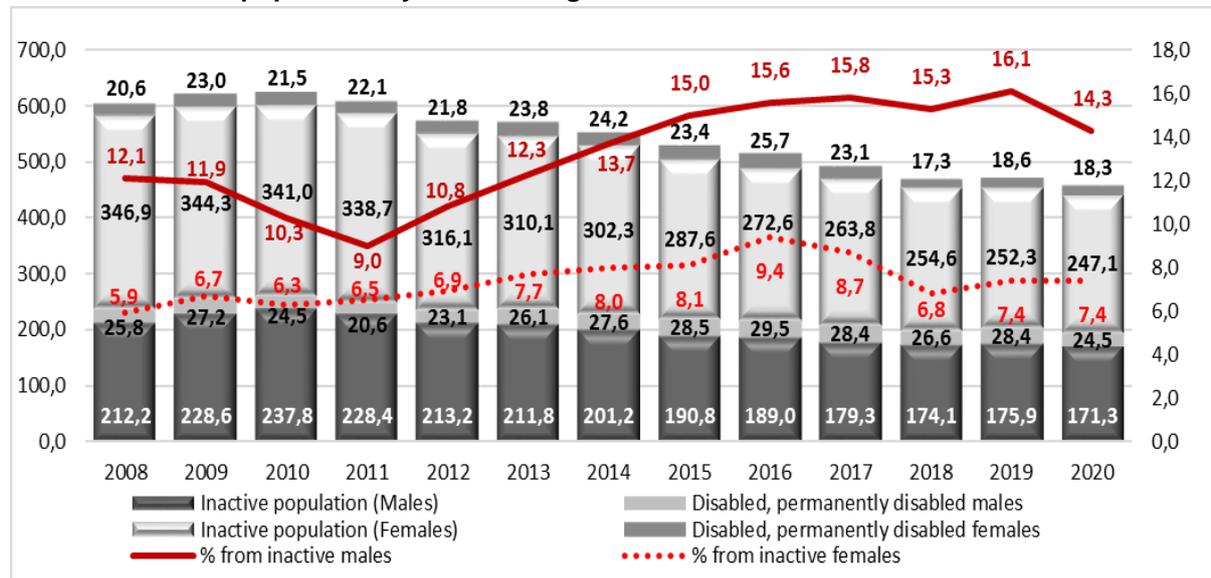
Table 11: Inactive population by status 2008 - 2021Q2



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



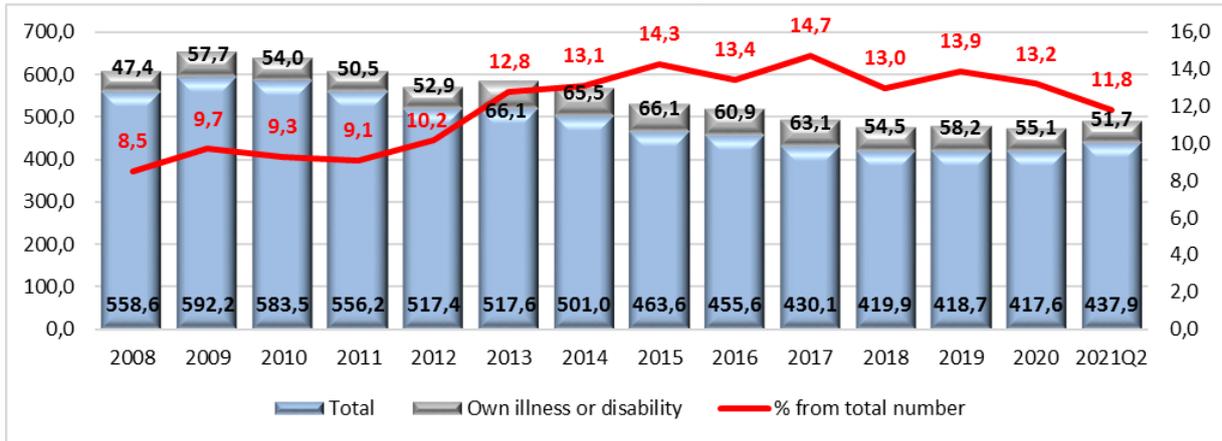
2002-2011 - recalculation according to the results of Population and Housing Census 2011.

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/.

⁷³ Eurostat Health Database: <https://ec.europa.eu/eurostat/web/health/data/database>.

Table 13: Inactive population by reason for not seeking employment 2008 - 2021 Q2

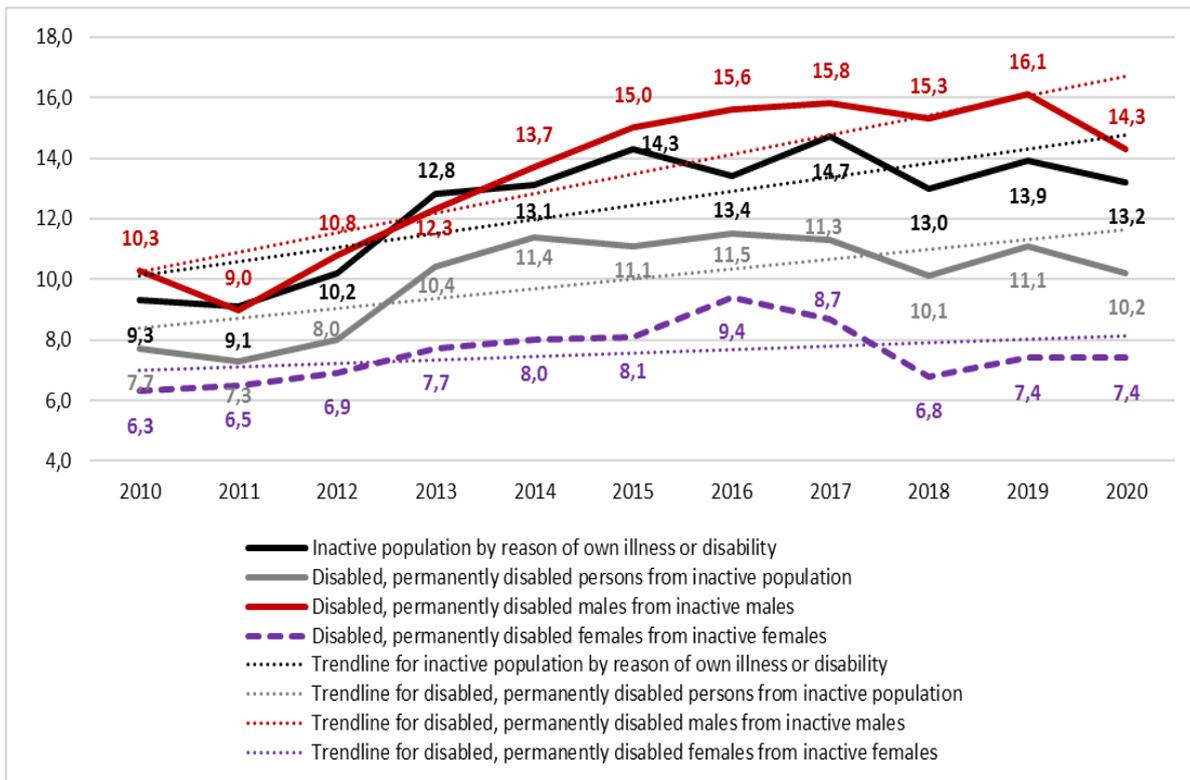


2002-2011 - recalculation according to the results of Population and Housing Census 2011.

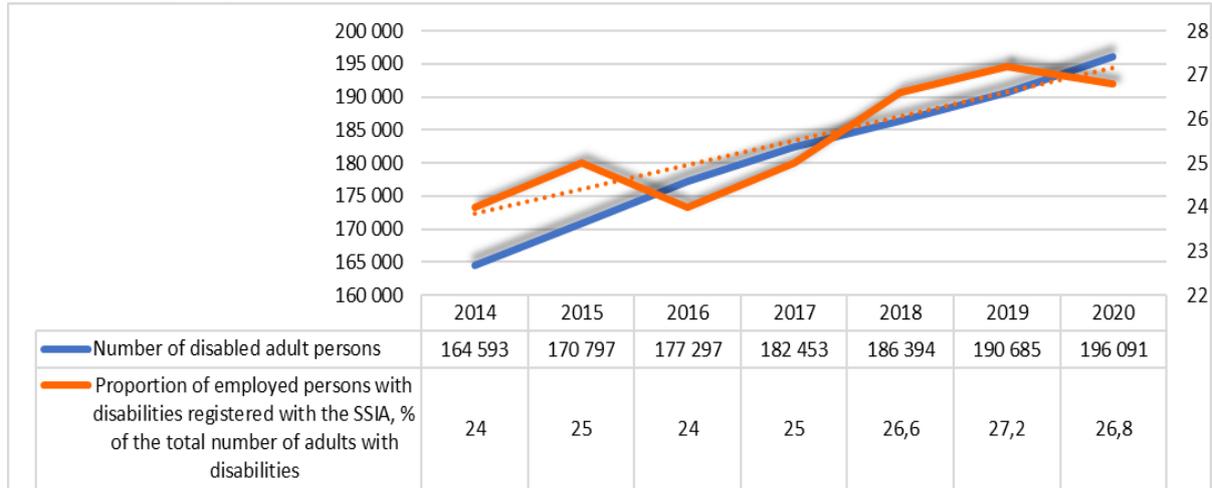
Source: Central Statistical Bureau of Latvia. NBN030c. Inactive population by reason for not seeking employment 2002Q1 - 2021Q2. Available at:

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 2010-2020



Source: Central Statistical Bureau of Latvia.

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


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

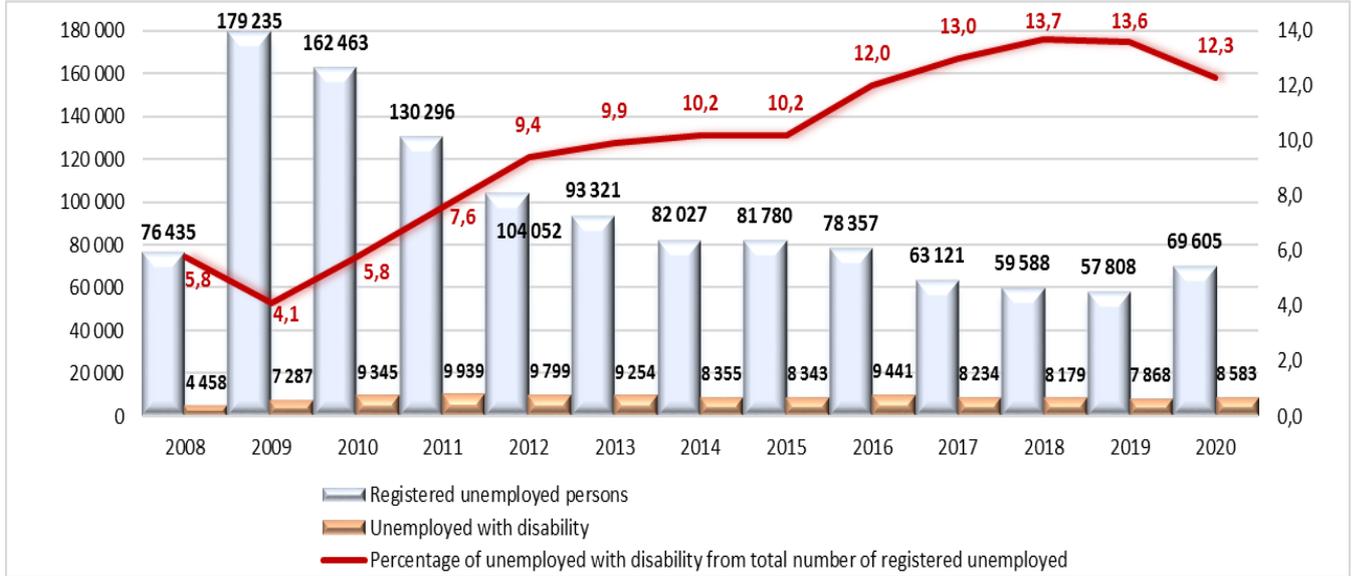
Table 16: Number of persons with disabilities employed in subsidized workplaces


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

Table 17: Unemployment rate in percentages 2008-2020


Source: State Employment Agency. The unemployment situation in the country (December). 2021. Riga: State Employment Agency. Available at: <https://www.lm.gov.lv/lv/zinojumi-par-bezdarbasituaciju-valsti>.

Table 17: Proportion of unemployed with disability from total number of registered unemployed



Source: State Employment Agency. The unemployment situation in the country (December). 2021. Riga: State Employment Agency. Available at: <https://www.lm.gov.lv/lv/zinojumi-par-bezdarba-situaciju-valsti>.

7.2 EU data relevant to disability, social policies and healthcare (2019)

Table 18: People at risk of poverty or social exclusion, by disability and risk (aged 16-59)

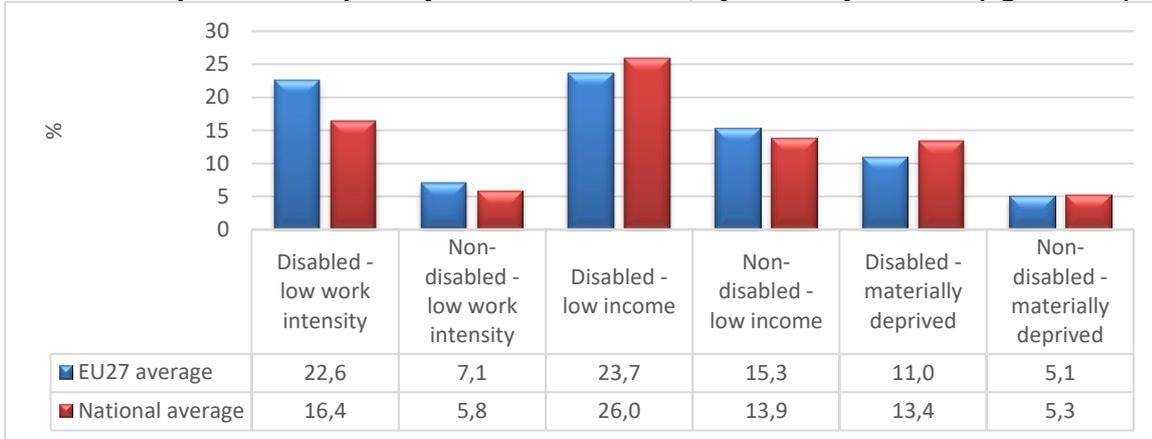


Table 19: People at risk of poverty or social exclusion, by disability and gender (aged 16+)

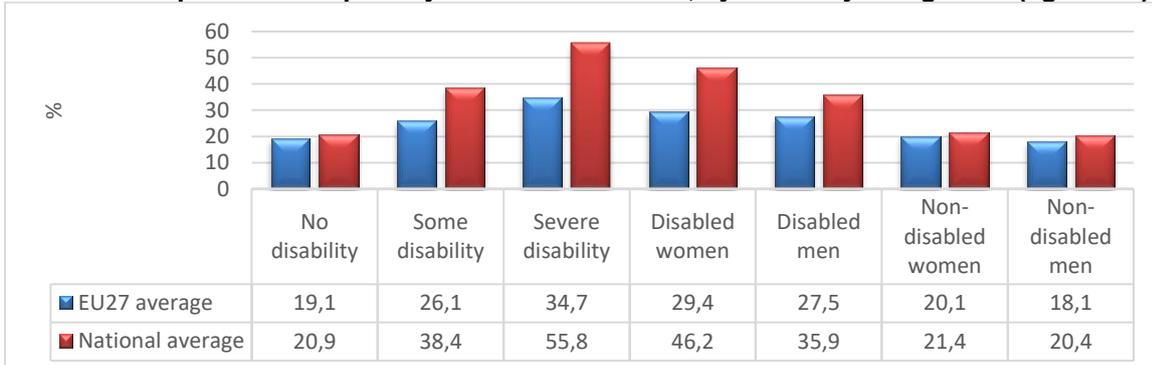
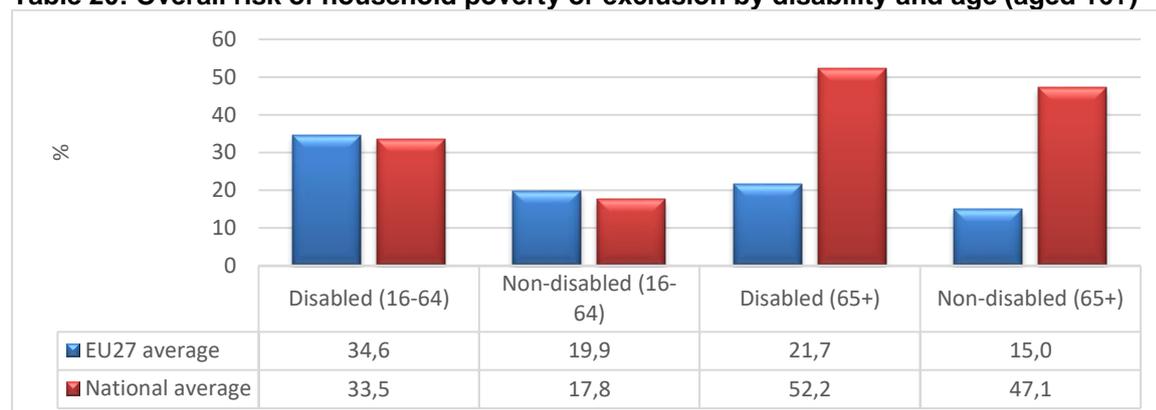
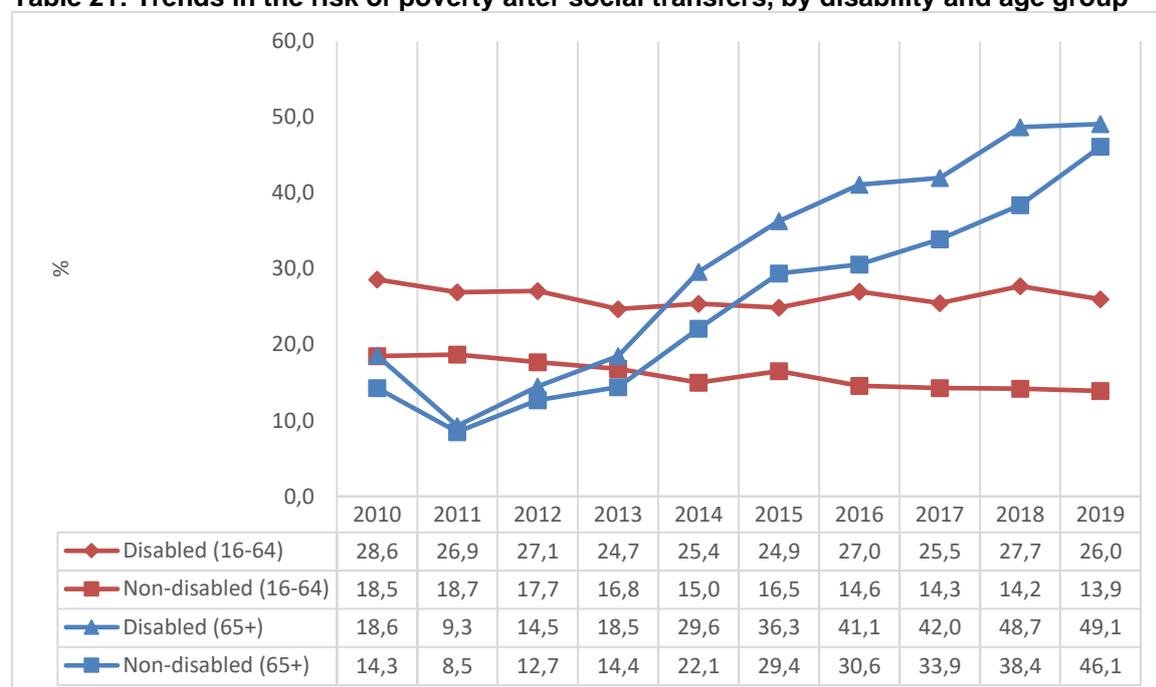


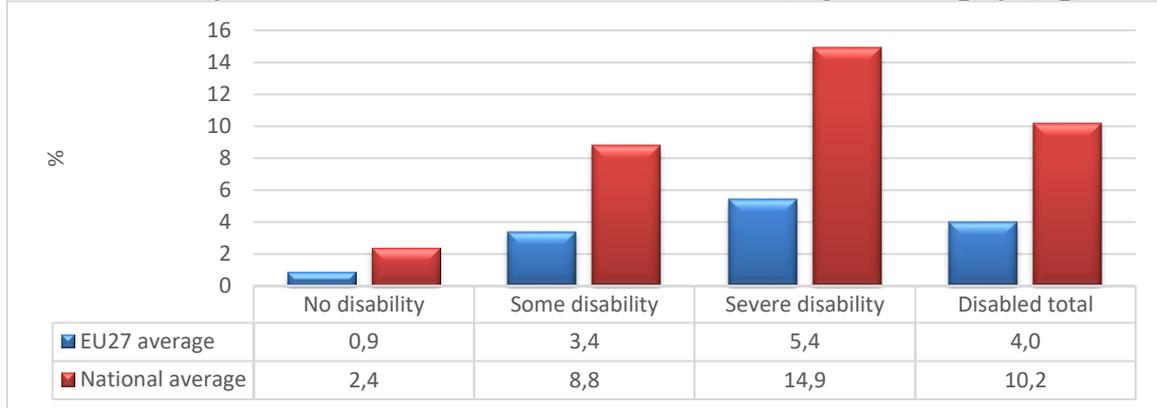
Table 20: Overall risk of household poverty or exclusion by disability and age (aged 16+)

Source: EU-SILC 2019 Release 2021 version 1 (and previous UDB).

Table 21: Trends in the risk of poverty after social transfers, by disability and age group

Source: Eurostat Health Database [c] - 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 22: 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’.

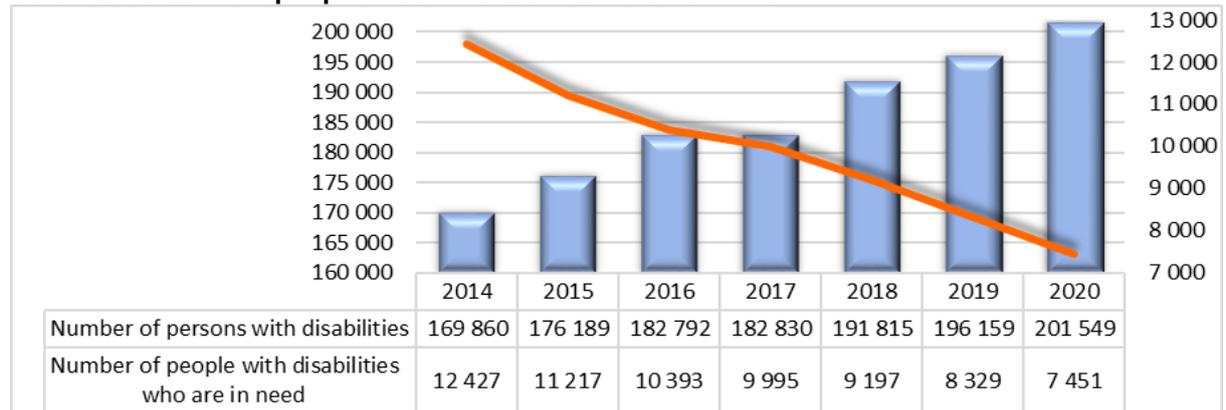
Note: due to large variations an average of three years is indicated. EU mean averages are also skewed by high values in a minority of countries within disability groups but median averages for the total disability and no disability groups in 2019 are consistent with the 3-year mean values.

7.2.1 Alternative sources of poverty or health care 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.⁷⁴

National surveys or studies may offer additional information.

Table: 23 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>.

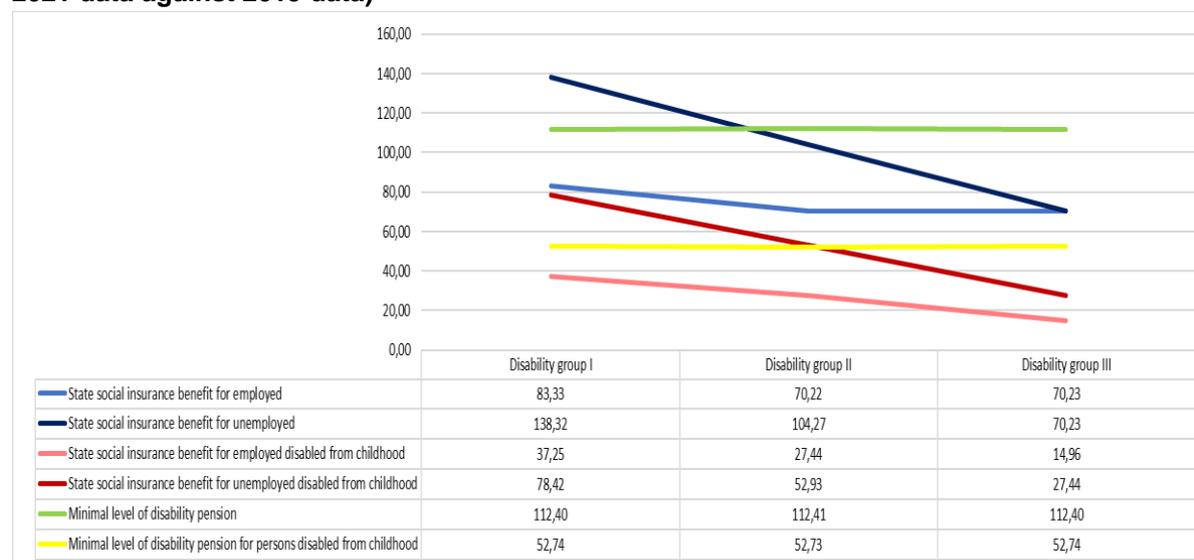
Table 24: Minimal levels of state social insurance benefit and disability pension 2019 and 2021

	Disability group I				Disability group II				Disability group III			
	2019	2021	Increase in EUR	Increase in %	2019	2021	Increase in EUR	Increase in %	2019	2021	Increase in EUR	Increase in %
State social insurance benefit for employed	83.24	152.60	69.36	83.33	76.84	130.80	53.96	70.22	64.03	109.00	44.97	70.23
State social insurance benefit for unemployed		198.40	115.14	138.32		157.00	80.12	104.27				
State social insurance benefit for employed persons with disabilities from childhood	138.73	190.40	51.67	37.25	128.06	163.20	35.14	27.44	106.72	122.69	15.97	14.96
State social insurance benefit for unemployed persons with disabilities from childhood		247.52	108.79	78.42		195.84	67.78	52.93		136.00	29.28	27.44
Minimal level of disability pension		217.60	115.15	112.40	89.64	190.40	100.76	112.41	64.03	136.00	71.97	112.40
Minimal level of disability pension for persons with disabilities from childhood	170.75	260.80	90.05	52.74	149.41	228.20	78.79	52.73	106.72	163.00	56.28	52.74

Source: State Social Insurance Agency. Information on public services for people with disabilities. Available at: <https://www.vsaa.gov.lv/lv/media/2912/download>. Author's calculations.

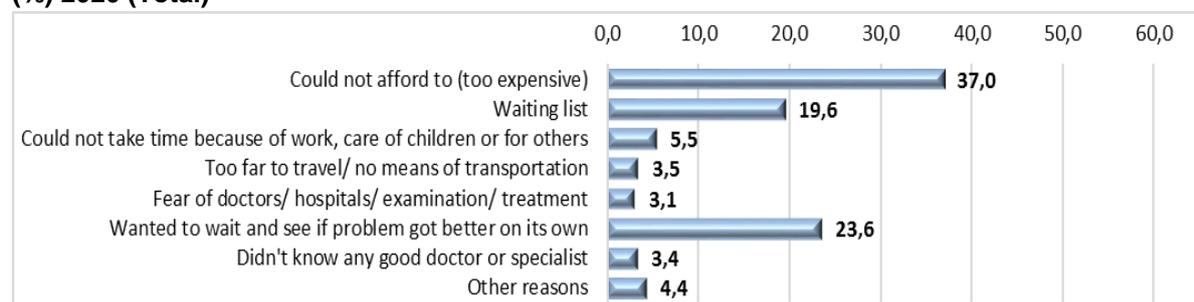
⁷⁴ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

Table 25: Proportion of increase of disability pension and state social security benefit for persons with disabilities in general cases and persons with disabilities from childhood (% , 2021 data against 2019 data)



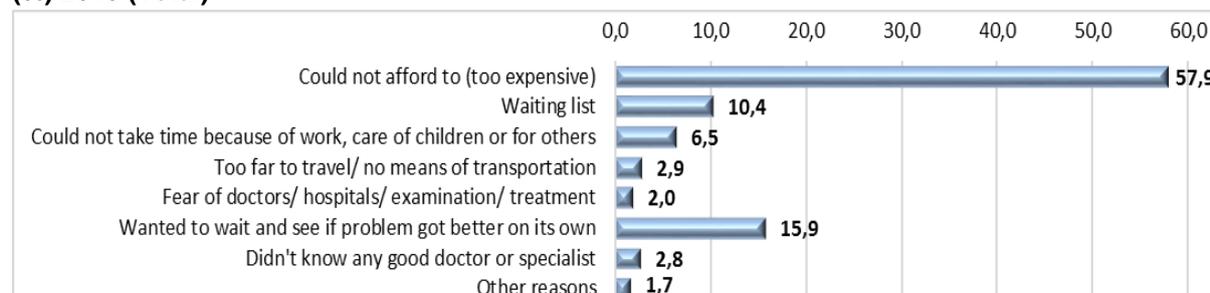
Source: State Social Insurance Agency. Information on public services for people with disabilities. Available at: <https://www.vsa.gov.lv/lv/media/2912/download>. Author's calculations.

Table 26: Reasons for unmet need for medical care (except dental) for persons aged 16 or over (%) 2020 (Total)



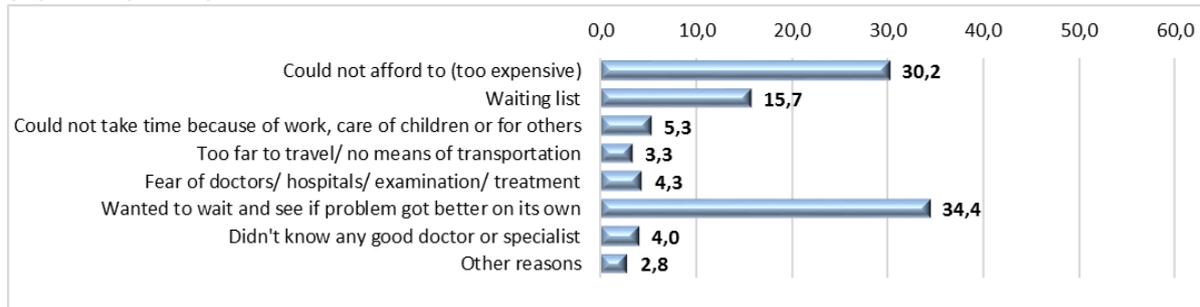
Source: Central Statistical Bureau of Latvia. IVP080. Reasons for unmet need for medical care. (except dental) for persons aged 16 or over (%) by Indicator, Reason and Time period. Available at: https://data.stat.gov.lv/pxweb/en/OSP_PUB/START_VES_IV_IVP/IVP080/table/tableViewLayout1/.

Table 27: Reasons for unmet need for medical care (except dental) for persons aged 16 or over (%) 2015 (Total)



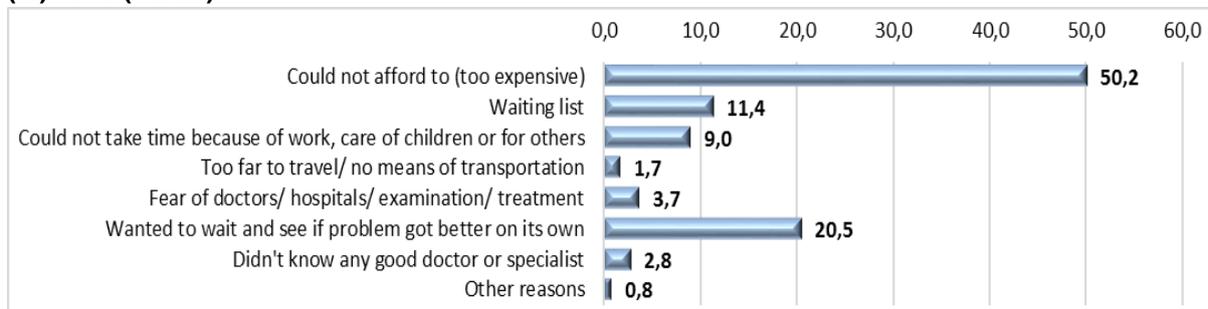
Source: Central Statistical Bureau of Latvia. IVP080. Reasons for unmet need for medical care. (except dental) for persons aged 16 or over (%) by Indicator, Reason and Time period. Available at: https://data.stat.gov.lv/pxweb/en/OSP_PUB/START_VES_IV_IVP/IVP080/.

Table 28: Reasons for unmet need for medical care (except dental) for persons aged 16 or over (%) 2020 (Males)



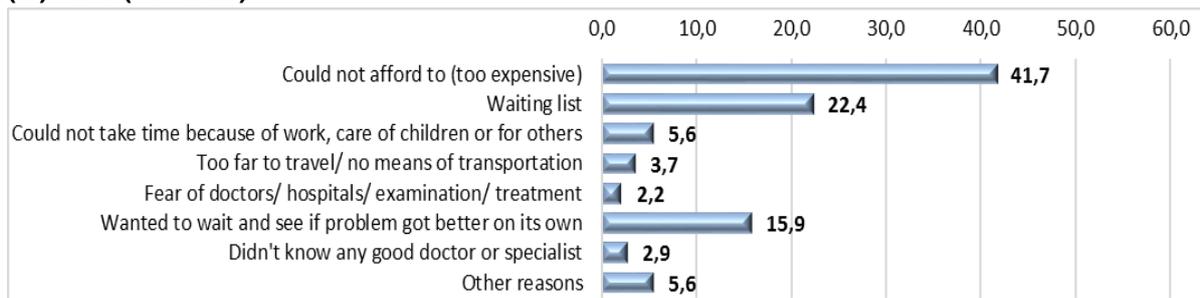
Source: Central Statistical Bureau of Latvia. IVP080. Reasons for unmet need for medical care. (except dental) for persons aged 16 or over (%) by Indicator, Reason and Time period. Available at: https://data.stat.gov.lv/pxweb/en/OSP_PUB/START_VES_IV_IVP/IVP080/.

Table 29: Reasons for unmet need for medical care (except dental) for persons aged 16 or over (%) 2015 (Males)

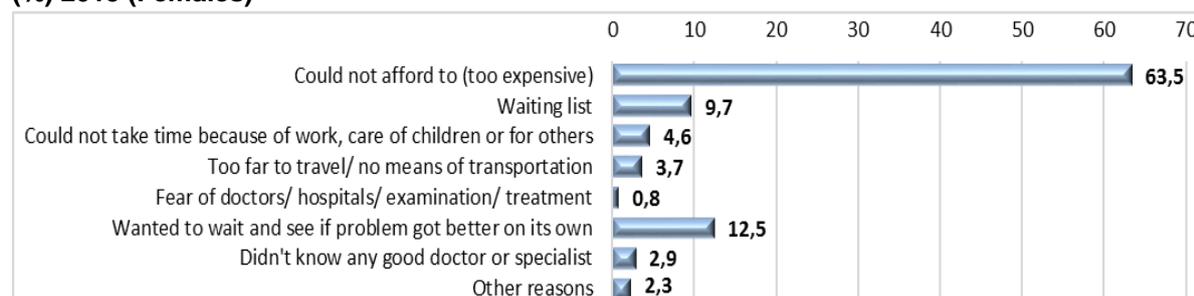


Source: Central Statistical Bureau of Latvia. IVP080. Reasons for unmet need for medical care. (except dental) for persons aged 16 or over (%) by Indicator, Reason and Time period. Available at: https://data.stat.gov.lv/pxweb/en/OSP_PUB/START_VES_IV_IVP/IVP080/table/tableViewLayout1/.

Table 30: Reasons for unmet need for medical care (except dental) for persons aged 16 or over (%) 2020 (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 31: Reasons for unmet need for medical care (except dental) for persons aged 16 or over (%) 2015 (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/.

Table 32: Medical rehabilitation: a summary of key findings and recommendations⁷⁵

Findings	Recommendations
Medical rehabilitation in Latvia is underfunded and underdeveloped, as evidenced by long waiting lists for services.	Increase the importance of medical rehabilitation in the overall continuum of the health care provision.
It is not well integrated into the overall continuum of the measures to maximize functioning of persons experiencing disability.	Expand and strengthen medical rehabilitation services: in terms of special coverage, menu of services, human resources and funding.
The content and outcomes of services are yet to be defined (and standardized).	Define content and outcomes of medical rehabilitation services (i.e. set standards).
The assessment of functioning is documented only on the patient's medical chart, either on paper or local MIS/IT system of the rehabilitation facility. There is no agreement on the common standards for the assessment of functioning and goal setting in rehabilitation, therefore, the quality of documentation vary, thus affecting the overall rehabilitation process, as well as disability assessment.	The content and outcomes of services should be synchronised along the continuum of all rehabilitation services: from medical to social system to occupational. In other words, Latvia should build and integrated rehabilitation provision system with clear objective of maximizing functioning and activities and participation of persons experiencing disability.
Primary care physicians and PRM physicians are the key persons for referrals to rehabilitation services; they are also the link between medical and social services. They are directly responsible for optimizing functioning. However, primary care physicians are not trained to recognize the risks of disability and available rehabilitation services, with the results that referral for rehabilitation in broader terms and as regards disability prevention may not be conducted properly in addition to poor availability of these services in the health sector.	The content and outcomes of services should be synchronised along the continuum of all rehabilitation services: from medical to social system to occupational. In other words, Latvia should build and integrated rehabilitation provision system with clear objective of maximizing functioning and activities and participation of persons experiencing disability.
Systemic evaluation of the quality and outcomes of rehabilitation processes is lacking and there is no information on the type, extent and quality of available service, which is needed for appropriate referrals.	Simple roadmaps of pathways to services for persons with disabilities should be provided for primary care physicians and other professionals providing services for persons with disabilities.
There is no data collection system that would allow an analysis of the continuum of rehabilitation or of the collaboration between social, health and vocational	Systemic and comprehensive data collection system should be introduced, enabling an analysis of outcomes and learning lessons on what works and what can be done better to

⁷⁵ World Bank (2020), *Disability Policy and Disability Assessment System in Latvia* © World Bank., pp. 143-144, <https://www.lm.gov.lv/lv/invaliditate-0>.

rehabilitation services and active labour market policies and their individual and overall outcomes.	reduce limitations in functioning, as well as an assessment of the demands for these services.
Medical rehabilitation for working age adults is not provided in a timely manner and appropriate and sufficient quantity.	Introduce common standards of assessment of functioning and goal setting in rehabilitation.
There are no specified rehabilitation programs for persons with health conditions that may affect their work capacity.	Rehabilitation services should be prioritized and organized in a way that promotes stay or early return to work for persons in working age.
The coverage of rehabilitations services is uneven across Latvia, affecting equality in access to services.	Develop specific rehabilitation programmes for persons with health conditions that may adversely affect their work capacity.
	Improve awareness of patients and professionals on the importance and available rehabilitation services in Latvia.

7.3 EU data relevant to disability and education

Table 33: Early school leaving rates, by disability status (aged 18-24 and 18-29)⁷⁶

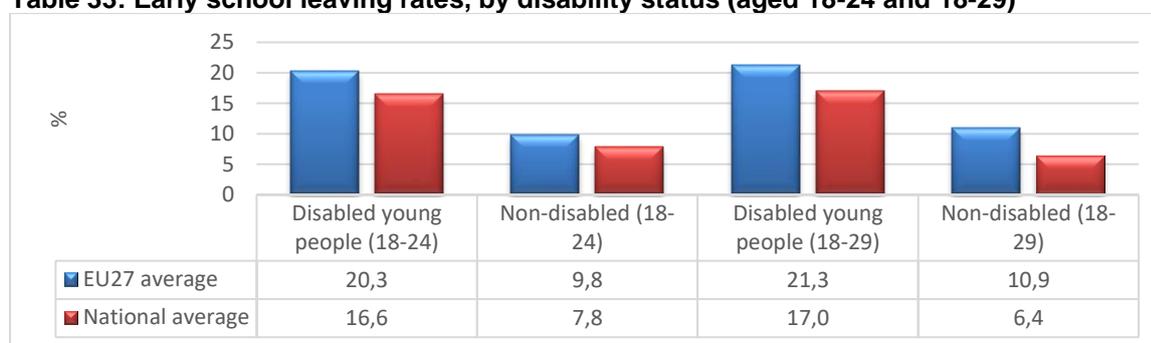
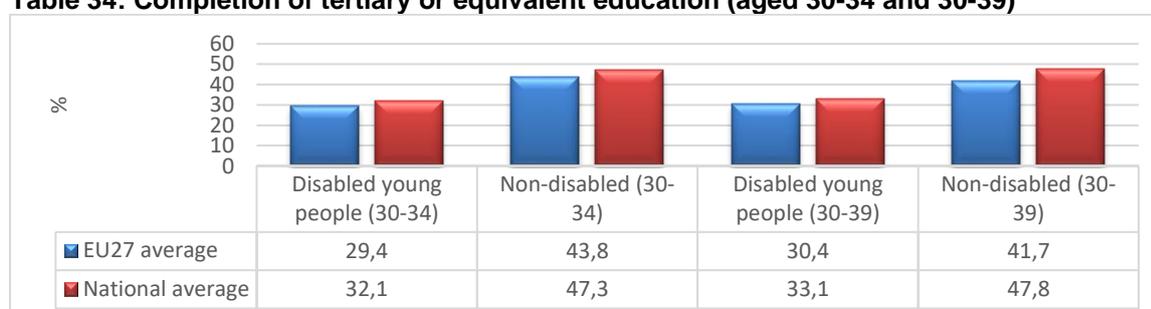


Table 34: Completion of tertiary or equivalent education (aged 30-34 and 30-39)



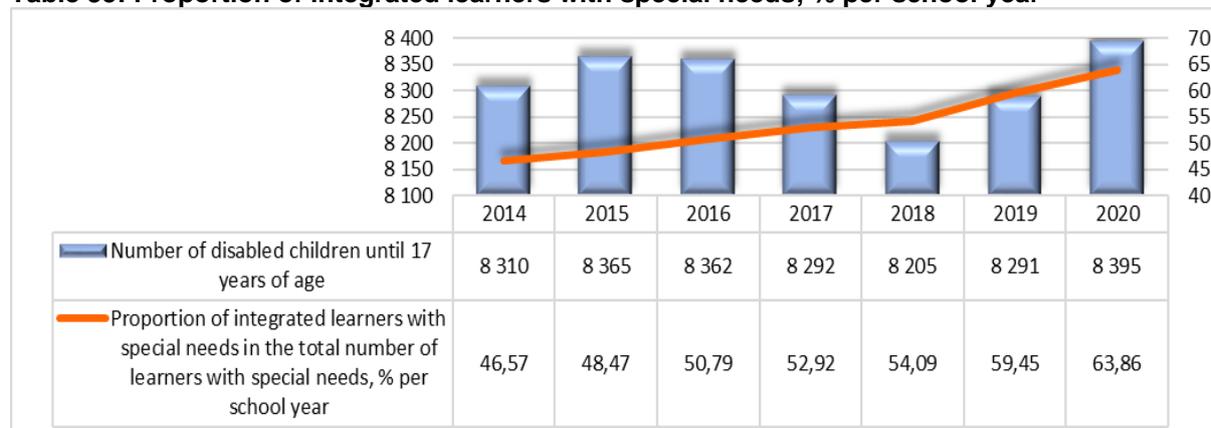
Source: EU-SILC 2019 Release 2021 version 1 (and preceding UDBs).

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.

⁷⁶ 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.

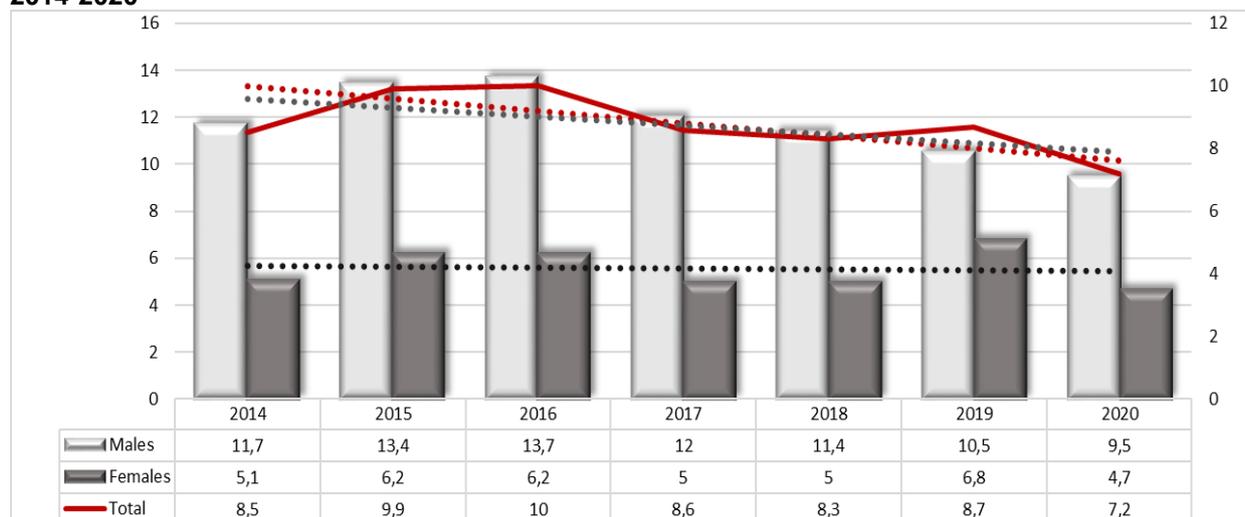
7.3.1 Alternative sources of education data in Latvia

Table 35: 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/invaliditate-1>.

Table 36: Share of early leavers from education and training aged 18-24 years in % by gender 2014-2020



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 37: Important projects in the field of disability (welfare system) and progress in the implementation

Project	Project deadline	Eligible funding, EUR	Funding used, EUR (% from eligible funding)	Planned results	Progress on 30.06.2021 (% from planned results)
Subsidised jobs for disadvantaged unemployed (measure 9.1.1.1.)	31.12.2023.	92.5 million	48.2 million (52 %)	Support for 16 373 unemployed. 4 754 unemployed settled into work	6 347 (39 %) unemployed involved, from them 2 430 (51 %) employed after

				after participating in the measure and 3 051 settled into work/education 6 months after completion of the measure.	participating in the measure and 2 607 (85 %) involved in employment/education 6 months after completion of the measure.
Social entrepreneurship (measure 9.1.1.3.)	31.12.2022.	11.1 million	6.2 million (56 %)	Support for 147 enterprises and 65 unemployed.	Support for 98 enterprises (67 %) and 46 (71 %) unemployed.
Integration of persons with disabilities or mental disorders into employment and society (measure 9.1.4.1.)	30.09.2021.	1.7 million	1.5 million (86 %)	Support for 150 disadvantaged persons, 90 of whom have started seeking employment/entering education after receiving the support.	112 disadvantaged persons (75 %) received support. From them 68 (76 %) had started seeking employment/entering education after receiving the support.
Disability determination system for children (measure 9.1.4.3.)	The implementation of the project has ended.	305.0 thousand	305.0 thousand (100 %)	Support for 50 disadvantage persons (including children with predictable disability).	50 disadvantage children received support.
Social work development in local governments (measure 9.2.1.1)	31.12.2023.	9.4 million	3.9 million (41 %)	Support to 2000 social work specialists (supervisions and training)	2 038 (102 %) social work specialists improved their professional competence.
Assistive technologies (measure 9.1.4.2.)	31.12.2022.	1.1 million	0.7 million (58 %)	Support to 3 000 disadvantaged persons.	Provision of support to the target group has not yet been started.
Development of infrastructure for the development of a functioning assessment system for state Ltd. NRC 'Vaivari' (measure 9.3.1.2.)	31.12.2022.	2.4 million	1.7 million (67 %)	A single functioning assessment system infrastructure established.	The indicator is planned to be completed at the end of the project.
Deinstitutionalisation (measure 9.2.2.1.)	31.12.2023.	49.6 million	9.7 million (20 %)	Support to 2 100 individuals with mental disorders and 2 270 children with functional disorders.	679 (32 %) persons with mental disorders and 1 453 (64 %) children with functional disorders

				Reduce the number of children under institutional care to 720 and 700 persons with mental disorders start to live independently outside the state social care centres.	received support. Number of children under institutional care reduced to 519 (139 %). 389 (56 %) persons with mental disorders start to live independently outside the state social care centres (progress on 31.12.2020.)
Development of service infrastructure for implementation of the deinstitutionalisation plans (measure 9.3.1.1.)	31.12.2023.	54.8 million	23.7 million (43 %)	Established or improved 2 473 sites for the provision of community-based services to persons with mental disorders and children with disabilities and 250 sites for childcare in a family environment.	276 (11 %) sites for the provision of community-based services to persons with mental disorders and children with disabilities were established or improved. 28 (11 %) sites for childcare in a family environment.
Development of the social services support system (measure 9.2.2.2.)	31.10.2022.	4.7 million	3.8 million (81 %)	Development of two mechanisms for financing public-based services and one mechanism for implementing the support person service	One mechanism (50 %) for financing public-based services and one mechanism for implementing the support person service (100 %) developed.

Source: Ministry of Welfare. Information regarding implementation progress of projects. Available at: <https://www.lm.gov.lv/lv/2014-2020-gads>.

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