

**Report on the implementation of the
Madrid International Plan of Action on Ageing and its Regional
Implementation Strategy (MIPAA/RIS) in Latvia
2018-2022**

2022

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Part I

Executive summary

The preparation of the report on implementation of the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy (MIPAA/RIS) in Latvia for 2018-2022 was co-ordinated by the Ministry of Welfare, involving several responsible sectoral ministries and other state institutions – the Ministry of Health, the Ministry of Education and Science, the Ministry of Economics, the Ministry of Finance, the Ministry of Environmental Protection and Regional Development, as well as the Society Integration Fund, the Investment and Development Agency of Latvia and Riga Stradins University. Statistics, studies, medium-term development planning documents, informative reports were used in policy assessment and identification of future priorities. Non-governmental organisations (hereinafter - NGOs) representing seniors and NGOs promoting public participation in the policy-making process were invited to express their views on certain issues.

Major achievements since 2018:

- the minimum income reform, which entered into force in 2021, aimed at reducing poverty and income inequality;
- the introduction of various ad-hoc solutions to support seniors in order to respond in a timely manner to the rapid changes in the socio-economic situation during the reporting period, such as lump-sum payment to mitigate the negative impact of the COVID-19 pandemic, temporary regular support to seniors to mitigate the impact of rising energy prices;
- mainstreaming ageing into a number of areas and sectors, thus increasingly understand the importance of ageing and the need to adapt to it, offering different solutions to meet the needs of older people. Several studies have been implemented during the reporting period, various measures have been introduced to reduce age discrimination and raise awareness, seniors have been identified as a target group in different sectoral policy planning documents.

Three important aspects to be improved in the future in the field of society ageing in Latvia are as follows:

- improve access to social care and health care services;
- increase the amount of social transfers and their impact on poverty reduction for people of retirement age, as well as assess the possibility of introducing a basic pension;
- and continue to implement anti-discrimination measures through awareness raising activities aimed at the needs of seniors.

Conclusions

Issues of society ageing play an increasingly important role and place on the agenda of Latvian policy. The COVID-19 pandemic raised health and social care issues, exposing gaps and highlighting their importance in ensuring the quality of life. Although many measures have been implemented to improve the situation of seniors during 2018-2022, their impact has been relatively limited as the risk of poverty for people of retirement age in 2020 shows a very slight downward trend compared to 2018 figures. The impact of the COVID-19 pandemic increased the risk of poverty in the country as a whole. Meanwhile, restrictions on access to health services due to the pandemic have had the most negative impact on seniors, given the pressures on medical practitioners and treatment facilities related to the provision of care for COVID-19 patients. Latvia's average active ageing index is close to the EU average – 35.3 (EU – 35.7). Since 2018 the progress has been achieved in some areas: high employment rates, a significant increase in ICT use, but insufficient access to social and health care, low lifelong learning rates, high risk of poverty and low incomes point to the need for more significant and targeted investments in these areas.

General information

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4. Name, reference, and date of adoption or status of preparation of national strategy, action plan or similar policy document on ageing: conceptual report “The Active Ageing Strategy for Longer and Better Working Lives in Latvia”¹ adopted by the Cabinet of Ministers on 7 September, 2016.

¹ Ministry of Welfare, conceptual report “The Active Ageing Strategy for Longer and Better Working Lives in Latvia”, <http://polsis.mk.gov.lv/documents/5688>

1. Ageing situation.

Society is ageing rapidly in Latvia, as is the case throughout Europe. At the beginning of 2021, 393,698 seniors aged 65 and over lived in Latvia, which is 20.8% of the total population. Thirty years ago (1991) the proportion of seniors was almost twice as low – 11.8%, in 2003 – 15.8%. Although the total population in Latvia is decreasing, the number of the elderly population is increasing (see Annex 1, Figure 1). Furthermore, there is a marked gender disproportion among seniors in Latvia, as life expectancy varies significantly between sexes (see Annex 1, Figure 2). Men aged 65 have an average life expectancy of 13.8 years in 2020 and women 18.6 years².

The ageing population and the related increase in public expenditure are also a significant challenge for Latvia. In order to reduce the future risks (increase of demographic burden) due to ageing population, the retirement age in Latvia is gradually increased to 65 years, reaching it on 1 January 2025. The main reason for work termination on the last job was due to old-age retirement (including the service retirement) - 68.1% of people aged 65-74 in 2020. At the end of 2021, the average old-age pension in Latvia was EUR 431.67 (excluding the 3rd pension pillar), which is 40.6% of the average insurance contribution wage in the country.

Increasing life expectancy, active ageing and also low pensions make many seniors choose to continue working beyond retirement age. During the period 2011-2019 (after the financial crisis of 2008), Latvia has experienced a stable economic growth, which has brought tangible improvements in the labour market. The employment rate of the population has increased by around 1/4, or 13 percentage points - from 52% in 2010 to 65% in 2019, increasing by an average of 1.4 percentage points annually, while the unemployment rate has shrunk 3 times - from 19.5% in 2010 to 6.3% in 2019. Overall, the employment rate of people aged 15-74 fell by 0.8 percentage points (to 64.2%) in 2020 as a result of the COVID-19 pandemic compared to 2019, while the unemployment rate increased to 8.1% on average (1.8 percentage points higher than the 2019 average)³. In 2020, 40.8 thousand inhabitants (16.9 thousand men and 23.9 thousand women) aged 65-74 were employed, which represents 4.6% of all employees. As of December 31, 2021, 60,774 unemployed persons had been registered with the State Employment Agency, of which 24,678 were aged 50 and over, representing 41% of the total number of registered unemployed persons in the state.

In 2020, 43.7% of seniors were at risk of poverty or social exclusion, which is 17.7 percentage points more than among the total population of Latvia. If the gender gap (for men below women) was only 4.9 percentage points for all residents at risk of poverty or social exclusion, it was already twice as high for seniors - 10.8 percentage points. The relatively high at risk of poverty and/or social exclusion among women seniors is attributable to the high proportion of women in the older generation (women have longer life expectancy, hence a higher proportion among single senior households). The indicators of material deprivation and poverty risk in this age group are also higher than

²Central Statistical Bureau, information survey “Seniors in Latvia” (2021). Available for https://admin.stat.gov.lv/system/files/publication/2021-09/%21Seniori_Latvija_2021_%2821_00%29_LV.pdf

³Economic Development Review of Latvia (2021). Available at: <https://www.em.gov.lv/lv/latvijas-ekonomikas-attistibas-parskats>

for the average of the population of Latvia. The at-risk of poverty rate for seniors is twice as high as for the general population - 40.9% and 21.6%, respectively. If a senior lives alone, then all indicators of monetary poverty tend to rise significantly, such as the at-risk of poverty reaching as high as 71.7%. It should be noted that the total number of people at risk of poverty or social exclusion increased in Latvia in 2020.

As the population ages, health self-assessment gets worse. In 2020, 52.2 % of men 65 and older and 52.9 % of women in the same age group described their health as average. And just 17.7 % of older men and 13.3 % of women described their health as good or very good. However, there has been a trend towards improving seniors' health self-assessment in recent years, with their health rated as poor or very poor in 2010 at 44.9 % of seniors (32.5 % in 2020), as average - 44.3 % (52.7 % in 2020), but as good or very good at 10.9 % (14.8 % in 2020)⁴.

Although at the beginning of 2020 the mortality rate in Latvia was lower than the average in previous years, in the second half of 2020 compared to 2019 the total mortality of the population has increased due to COVID-19 pandemic – by 4.8% per 1000 inhabitants. The increase in the mortality rate of the population aged 65 and over is higher – 6.7%. Seniors - of all those with confirmed COVID-19 infection 37.7 thousand, or a quarter (25%) - are seniors in their 60s and over. This age group recorded 2,350 deaths with confirmed COVID-19 infection, or 88.8% of all those who died with confirmed COVID-19 infection⁵.

The COVID-19 pandemic has had a strong and lasting impact on the socio-economic situation in Latvia. Latvia already developed a clear strategy to overcome the crisis caused by the pandemic at the end of May 2020. It provided for measures to restore economic activity in the country in three phases. Measures were implemented in 2020 to stabilise the financial situation for citizens and entrepreneurs, but measures are planned to reorient the economy over the next two years, with an emphasis on innovation, digital transformation, lifelong learning and a focus on structural economic change, with targeted adjustment of the state aid mechanisms⁶.

2. Method

Different methods and approaches were used to assess the policy measures taken to implement the Madrid International Plan of Action on Ageing in line with ten commitments since 2002 and in particular with the three main objectives of the Ministerial Declaration of 2017 approved in Lisbon⁷.

Statistics were derived from the most recent studies, where qualitative data are available, from the Official Statistical Portal, as well as from administrative data by various public authorities. The Active Ageing Index (see table “Active Ageing Index”

⁴ Central Statistical Bureau, information survey “Seniors in Latvia” (2021). Available for https://admin.stat.gov.lv/system/files/publication/2021-09/%21Seniori_Latvija_2021_%2821_00%29_LV.pdf

⁵ Ibid.

⁶ Ibid.

⁷ https://unece.org/fileadmin/DAM/pau/age/Ministerial_Conference_Lisbon/Documents/2017_Lisbon_Ministerial_Declaration.pdf

in Annex 3) was used to assess the progress made in active ageing, updated by the latest indicators. It made possible to compare the situation in 2005, 2015 and 2020 (with several exceptions where data were only available for 2018 or 2019 or were not available at all because they were based on a survey of a certain period).

Relevant sectoral medium-term development planning documents and information reports on the implementation of these documents were used to assess the policy measures introduced over the last 5 years, identifying weaknesses and challenges for the future. During 2021-2022 each sector has drawn up strategies for the seven years' period, i.e., for 2021-2027, which include a strategic view of medium-term developments and key challenges that will ensure the achievement of the objectives and results envisaged. The following sectoral strategies were thus used to draw up this report:

- Strategy on Social Protection and Labour Market Policy for 2021-2027;⁸
- Public Health Strategy for 2021-2027 (draft to 03.03.2022.)⁹;
- Education Development Strategy for 2021-2027;¹⁰
- Digital Transformation Strategy for 2021-2027.¹¹

The report also followed a participatory approach, inviting older people to express their views on certain issues in order to assess the impact of policy measures on their quality of life, as well as inviting NGOs to express their views on the evolution of public participation over the last 20 years.

The development of the report was co-ordinated by the Ministry of Welfare, involving several responsible sectoral ministries and other state institutions – the Ministry of Health, the Ministry of Education and Science, the Ministry of Economics, the Ministry of Finance, the Ministry of Environmental Protection and Regional Development, as well as the Society Integration Foundation, the Investment and Development Agency of Latvia and Riga Stradins University.

⁸ “Strategy on Social Protection and Labour Market Policy for 2021-2027” (2021). Available at: <https://likumi.lv/ta/id/325828-par-socialas-aizsardzibas-un-darba-tirgus-politikas-pamatnostadnem-2021-2027-gadam>

⁹ “Public Health Strategy for 2021-2027” (draft to 03.03.2022.). Available at: https://tapportals.mk.gov.lv/legal_acts/b8342cd9-318a-4f99-b147-0a144bcbf231

¹⁰ “Education Development Strategy for 2021-2027” (2021). Available at: <https://likumi.lv/ta/id/324332-par-izglitiba-attistibas-pamatnostadnem-2021-2027-gadam>

¹¹ “Digital Transformation Strategy for 2021-2027” (2021). Available at: <https://likumi.lv/ta/id/324715-par-digitalas-transformacijas-pamatnostadnem-2021-2027-gadam>

Part II

1. Recognizing the potential of older persons.

Empowering individuals to realize their potential for physical, mental and social well-being throughout their lives and to participate in and contribute to society according to their capacities, needs and desires.

Public participation

The research “Public participation in the decision-making process (2021)”¹² provides information on the participation of organizations in ministries' working groups, committees, as well as *Saeima* committees. The association “Latvian Federation of Pensioners” and the association “Riga Alliance of Active Seniors” are the most active organizations whose representatives have been delegated to the ministerial participation mechanisms (committees, councils, working groups) and participate in *Saeima* committee's meetings. In the period of 2018-2020 the association “Latvian Federation of Pensioners” is represented in three participation mechanisms of two ministries (two committees of the Ministry of Welfare¹³ and one of the Ministry of Health), association “Riga Alliance of Active Seniors” is represented in the two participation mechanisms of two ministries (one in the Ministry of Welfare and one in the Ministry of Health). The association of Latvian Sport Veterans-Seniors and the association of Latvian Senior Communities have also delegated their representatives to one working group. The association “Latvian Federation of Pensioners” is the most active participant in *Saeima* Commissions. During 2018-2021 the association “Latvian Federation of Pensioners” participated 8 times in 3 meetings of the Commission. Organizations representing the interests of seniors (association “Riga Alliance of Active Seniors”, association “Latvian Alliance of Seniors”, “Latgale Regional Association of Pensioners”, “Jēkabpils Association of Pensioners “Association”, Association of Jelgava Pensioners, Association “Latvian Federation of Pensioners”) have signed a Memorandum of Cooperation between non-governmental organizations and the Cabinet of Ministers in order to ensure the involvement in decision-making processes and promote activities of public administration in accordance with the public interest, and are involved in the work of the Council of this Memorandum. The implementation Council of the NGO-Cabinet Cooperation Memorandum has the right to delegate representatives at meetings of the State Secretaries, meetings of the Cabinet Committees and meetings of the National Tripartite Cooperation Council, as well as in other formats as necessary.

The most important obstacles hindering participation of the non-governmental sector in decision-making at national level, representatives of organisations have most often pointed to: lack of human resources (56%), unwillingness of public authorities to cooperate (54%), insufficient funding (52%), irregular funding (52%), participation is not effective/difficult to influence decisions (48%), insufficient staff competence, skills, abilities (44%). There are therefore significant obstacles both in the participatory process itself and in the capacity of organisations to participate fully in it.

¹²https://nvo.lv/uploads/zinojums_lidzdaliba_lemumu_pienemsana_2021.pdf

¹³Social Inclusion Policy Coordination Committee and Council of Seniors' Affairs.

Reducing discrimination and prejudices, promoting a positive image

A number of activities have been carried out in recent years aimed at promoting a positive image of older people. The two major activities are the following:

1) Motivation raising and support services for groups at risk of social exclusion and discrimination:

Since 2018 motivation raising and support services have been implemented within the framework of the project “Promotion of diversity”¹⁴ for groups of persons at risk of social exclusion and discrimination (hereinafter - motivation programme). One of the target groups of the motivation programme are persons at risk of social exclusion and discrimination on the grounds of age (persons after the age of 50). The objective of the motivation programme is to provide effective and targeted measures for raising and supporting motivation, reducing the risk of social exclusion and discrimination and increasing the self-assessment and motivation of the target group for change, developing life skills and competences, in particular skills that help a person to integrate into society - starting job search, engaging in employment, including self-employment, education/training, and acquiring qualifications. The motivation programme is implemented throughout Latvia.

Since 2018 more than 2,000 people have already received support within the framework of the motivation programme, of which 604 persons are at risk of social exclusion and discrimination on the grounds of age (persons after the age of 50), of which 162 persons or 26% have managed to start seeking employment, participate in employment or education. The motivation programme will be implemented by 31 December 2022 aiming to provide support to at least 150 more people who have faced barriers to entering employment or education due to their age.

2) awareness raising campaign “Openness is a value”

To draw public attention to issues of discrimination, tolerance and unequal treatment, in 2018 the project launched an awareness raising campaign “Openness is a value”. This is a long-term campaign, paying attention annually to one of the grounds for discrimination. The 2021 activities were aimed at reducing age discrimination. In order to reduce stereotypes and create a more inclusive, cohesive working environment and society as a whole, the campaign has implemented a wide range of employment-promoting, motivating, educational and inspiring activities for employers, 50+ aged group people, young people and other target audiences. A wide-ranging publicity campaign has been carried out during the thematic year, including initiated material (TV and radio interviews, printed publications) and opinion papers on national and regional media. Total publicity: 62 publications.

Celebrating the International Day of Older Persons on October 1, 2021, an extensive discussion of experts and campaign ambassadors “Age as a value in the Latvian society” was held, which has been watched online (<https://www.facebook.com/dazadibasveicinasana/videos/2981446608765689>) by

¹⁴Measure 9.1.4.4 “Promotion of diversity (non-discrimination)” of the specific support objective 9.1.4 “Increasing the integration of persons at risk of discrimination into society and the labour market” of the operational programme “Growth and Employment”

more than 1,500 residents. Along with the discussion, an extensive publicity campaign has been launched in central and regional media, drawing public attention to the contribution and importance of the target group of 50 + in Latvian society. In parallel with the Day of Older Persons in Riga, a unique environmental object “Age threshold” in graffiti technology was opened.

Examples of good practice in video format have been collected and reached by a wide audience during the campaign “Openness is a value”: video stories from employers Rimi Latvia and Bite Latvija about company’s values, personal policy and actions to attract and include 50 + employees in the team. Also, an infographic has been prepared on age as a value in the Latvian labour market and statistics on current employment of seniors. In 2021, five human stories of inspirational personalities who don't see their age as an obstacle, but an opportunity to pursue active work and private life, seek new hobbies and learn new skills, have also been compiled and prepared. The campaign's human stories can be viewed on the Youtube channel.

Similarly, an environmental advertising campaign has been implemented throughout Latvia to reduce age discrimination and related stereotypes, reaching more than 53 000 inhabitants, four lectures for more than 700 employers, five discussions for young people, five activities at city festivals and festivals, where visitors had the opportunity to fill in an interactive test “Guess the age” – to determine the age of a person and other activities after everyday use of articles. More information about the campaign “Openness is a value” can be found on its Facebook page and website.

Support technologies

Regarding technologies in the context of ageing, within the framework of the programme “Business Development, innovations and small and medium-sized enterprises” of the 2014-2021 period of the Norwegian Financial Mechanism, 9 projects in the small-scale grant scheme “Development of technologies supporting the quality of life” were launched in 2022. The objective of this scheme is to increase the competitiveness of Latvian merchants in the field of technologies supporting the quality of life. Projects will be carried out in the following areas:

- products or technologies for better home care and monitoring, including solutions in the field of early warning, remote monitoring of health conditions and health change detection, as well as eHealth solutions, including easier access to health care – 3 projects,
- products or technologies for people with disabilities – 1 project,
- technologies improving social activity, inclusion, mobility and participation – 1 project,
- other new welfare, social, inclusive and healthcare products or technologies – 4 projects.

Within the framework of the projects, new products will be created in the technology, medical, electricity, ventilation and air quality improvement and community welfare sectors, promoting improvement of the quality of life especially for people of retirement age, people with functional disorders and families with children.

Participation in the relevant global/UN wide campaigns

Latvia has provided and will continue to provide support to representatives of Latvia at the UN in Geneva and New York participating in activities related to the Global Campaign to Combat Ageism led by the World Health Organization (e.g. by assessing and acceding to the EU's joint speeches on this issue in the framework of the World Health Assembly). The Latvian representative (from the Ministry of Welfare) also participates in the UN Open-ended Working Group on Ageing (OEWG-A).

Key achievements and challenges ahead

What are the most significant policy achievements over the past 20 years to empower people throughout their lives to realise the potential for physical, mental and social wellbeing?

In order to reduce the negative aspects caused by ageing of the population and improve support to the older population, on September 7, 2016 the Cabinet of Ministers approved *the Active Ageing Strategy for Longer and Better Working Lives in Latvia*. This is the first policy planning document in the field of ageing in Latvia, the aim of which is to promote a longer and healthier working life of the Latvian population for improvement of the population and the overall economic situation, envisaging comprehensive measures in various fields relevant to seniors.

What are the most significant policy achievements over the last 20 years to empower people to participate and contribute to society?

In order to answer this question, the assessment was asked and received from the founder of the society "Latvian Civic Alliance", taking into account that the society "Latvian Civic Alliance" is the largest umbrella organization in defense of the interests of the non-governmental sector, which aims to strengthen civil society in Latvia, support the common interests of NGOs and create a favorable environment for their activities. The Latvian Civic Alliance brings together 70% of all NGOs involved in Latvia and 11% of the Latvian diaspora¹⁵.

1. Memorandum of understanding between Government of Latvia and Non-governmental organizations (civil society)

The preparation of the memorandum was initiated by the non-governmental sector after a meeting of 21 NGO representatives with the Prime Minister on January 13, 2005. The document is designed to promote efficient public administration in the public interest by ensuring the involvement of civil society in decision-making processes. The memorandum was signed on June 15, 2005, with the participation of the authorized representative of the government - Prime Minister and representatives of 57 NGOs. In 2014, the text of the Memorandum was updated, according to the new situation. Currently, the Memorandum has been signed by 483 organizations and this is the largest institutionalized civic participation platform in Latvia. Even though it is not perceived as

¹⁵https://nvo.lv/lv/content/par_lpa

a part of social dialogue; civil society organizations of different fields have direct access to the policy makers and are engaged in the setting policy making agenda.

2. Public participation platform “ManaBalss.lv”

ManaBalss.lv is a public participation platform where Latvian citizens (aged 16+) can submit and sign legislative initiatives to improve policy at national and municipal level. Once 10 000 signatures are gathered online (verified by internet banking), the initiative is submitted to elected representatives in Saeima of the Republic of Latvia (Parliament) for a hearing. Since 2011, 52 initiatives have been approved and influenced policy documents at national level. ManaBalss.lv is recognized as an open government success story globally: mentioned by then-US President B.Obama and featured in the New York Times and The Guardian, as well as mentioned as a success story by organisations like OECD, UN etc. The creation of this platform was also a great success of the civil society organizations.

3. We have to celebrate 27th of February

A United Nations resolution of 27 February 1950 introduced a definition of "international non-governmental organization", which meant recognition of the NGO sector. The establishment of the World NGO Day was started in Latvia in 2009, initiated by Mārcis Liors Skadmanis during his studies and supported by the director of Latvian Civic Alliance, Rasma Pīpiķe. Rasma and Mārcis prepared and implemented the road map to achieve, that WNGO day is recognized as a day to be celebrating civil societies` success, commemorating people, who died in fulfilling the work of public good and recognizing the impact of the NGOs work worldwide. In 2010, World NGO Day was officially included in a resolution of the NGO Council in the Baltic Sea Region, setting a precedent for World NGO Day to be recognized in the NGO forum of the Baltic Sea Region. World NGO Day is widely celebrated in various countries, in all continents. In 2014, World NGO Day was celebrated in Latvia with various events - discussions, forums, seminars, twinning evenings, etc.

All these initiatives give open access to any group of people irrespective of age to take their stake in building a better future.

How has the thinking, feeling and dealing with ageing has changed during the last 20 years, and what are the recommendations for the necessary future action to address the challenges of an ageing population?

In order to clarify the views on these issues, NGOs representing seniors were invited to provide their opinions (the question was sent to 12 NGOs). Replies were received from 2 NGOs.

Main **problems** identified by NGOs representing the interests of seniors:

- there is no uniform policy in the country to support seniors;
- the laws and regulations do not specify the boundaries and transition ages of the seniors` group, nor do they specify the age that can be defined as the “seniors` age”;
- support measures for seniors are ineffective and do not address real social problems faced by seniors. The reason is the organisational aspects of the

provision of support, which highlight the communication problems of the state and local governments, the complex administration process, the lack of flexibility in dealing with seniors;

- low income,
- poor access to healthcare. Health care is not targeted to rehabilitation but over-medication. There is a shortage of geriatric specialists in healthcare, resulting in staff which is largely uneducated on ageing issues;
- the burden for children and grandchildren taking care of their parents and grandparents;
- there are no special broadcasts in the state-funded mass media for seniors to train them to integrate into public life, show the best examples of organising the work of senior societies for a wider inclusion of seniors in collective events;
- at national level there has been little analysis on seniors who are able to lead their own lives and whose health problems are usually linked to the ageing process;
- age discrimination applies to employment, social, health, education services, etc. The problem is the lack of evidence: one is aware that he / she has been discriminated against, but it is very difficult to prove it. One of the fundamental reasons for age discrimination is the loss of autonomy.

Proposals made by NGOs:

- in the context of the protection of the interests of seniors and the structuring of all the blocks of problems to be addressed in the project, it is essential to define the age of seniors, i.e., 55 years, and to clarify the terminology “seniors” and “retired persons” by means of a regulatory framework, distinguishing between those two terms;
- to summarise the results of studies and activities carried out within the framework of various projects relating to the socio-economic interests of seniors and their defence, in order to implement a joint targeted action of different institutions and departments in this field;
- in the field of health promotion, the public should be more educated, in educational work involving psychologists, psychotherapists and psychiatrists;
- it is necessary to set up a working group under the supervision of the Ministry of Health in order to provide medical and financial justification for the establishment of geriatric profile units in each regional hospital, as well as for the provision of workplaces for doctors geriatricians;
- the involvement of economically inactive seniors in the labour market is essential for education and social policies, which should be pursued in the future by offering part-time work, work from home, provide getting to the workplace, offering flexible work schedules, etc.

2. Encouraging longer working life and ability to work.

Recognize the potential embedded in the employment of older workers and develop labour market strategies to promote maximum participation opportunities for workers of all ages.

The results of the 2020 employees' survey "The prevalence of discrimination in the employment environment in Latvia" show that age is the characteristic by which employees are the most frequently discriminated, followed by the state of health.¹⁶ Consequently, older people face multiple discrimination in the labour market, on the grounds of both the age and health. Moreover, there has been a significant increase in the number of respondents who believe that employers most often discriminate employee by age – 32% had such an opinion in 2011, then already 58% in 2020, which could also indicate on the increase in the level of awareness. The survey also shows that employees' willingness to seek assistance in the event of discrimination has increased significantly: if one in three did not seek help in 2011, then only 12% of them in 2020, which is a positive trend.

Lifelong learning opportunities

In order to promote lifelong learning and improve the digital skills of older persons, as well as to promote the work of younger and older persons and volunteering in intergenerational conditions, the European Social Fund (hereinafter – ESF) project "Improving the professional competence of employed persons" has been implemented since 2017.¹⁷ The aim of the project is to improve the professional competence of the employed persons in order to prevent the non-conformity of the qualification of the labour force with labour market demand in a timely manner, promote the competitiveness of employees and increase the labour productivity.

The target groups of the project are employed and self-employed persons aged 25+ , including employed persons at retirement age, persons with low-education (incomplete or completed basic education or general secondary education), vocational or higher education, young parents on parental leave who are in an employment relationship. Advantages in admission for employees of social risk groups: employed persons aged 45 + with low or insufficient level of education for the labour market (completed or incomplete basic education or general secondary education), as well as for refugees and persons with alternative status.

Within the framework of the project, employees may acquire vocational further education training programmes (480 - 1280 hours). After completion of these programs employees may receive a qualification certificate and acquire a profession, professional

¹⁶Research carried out by the Ombudsman's Office of Latvia in cooperation with Norstat "Discrimination in the employment environment in Latvia. Comparative study 2011 and 2020", https://www.tiesibsargs.lv/uploads/content/diskriminacija_darba_vide_2020_petijuma_rezultati_1594374193.pdf

¹⁷ Objective of specific support 8.4.1 of the operational programme "Growth and Employment" of the EU Funds "Improving the professional competence of employed persons"

development programmes (160 - 320 hours), and after completing they may finally receive a vocational training certificate, non-formal education programmes (not more than 159 hours) at the end of which a certificate may be obtained, also to acquire a module or a set of modules consisting of a set of different knowledge, skills and competences, or a study course or study module licensed from an accredited course of study to be studied in universities or colleges. After learning the modules, a certificate may be obtained.

For persons with low-income¹⁸ or needy¹⁹ household status, training is free of charge, for the remaining the tuition fees in the amount of 90% (95% for the acquisition of vocational further education programs) are covered by the project, respectively only 5-10% is the co-payment of the employee.

Indicators to be achieved: ESF support for participation in training in adult education will be provided to 55,627 employees (including 19,734 employees with low level of education) and it is planned that 38,102 employees (including 15,374 employees with low level of education) will have improved competence after participation in training. In the 6th round of the project (2021) the training offer focused on acquiring digital skills. 20% of the participants were above the age of 50. In the 8th round of the project (2022) it is planned to offer digital skills acquisition (DigiComp) in five areas of competence and three levels of learning (baseline level 1, baseline level 2, average level 3) in order to promote the involvement of persons with low digital skills in learning activities.

Reducing unemployment and promoting employment

As of 2018 a number of measures have been implemented to increase seniors' employment and reduce unemployment:

- preventive support measures for employed persons, which include:
 - o evaluation of the potential of the working environment and human resources in merchants` and local government institutions;
 - o support measures to promote the capacity, skills and health status of older workers (workplace adaptation, health measures);
- support measures for the unemployed:
 - o activation measures for long-term unemployed persons (health checks, determination of vocational suitability, motivation programme for job search and social mentor services, public awareness raising activities);
 - o training opportunities;
 - o measures for the commencement of commercial activities or self-employment;
 - o measures for certain groups of persons (subsidised employment);
 - o paid temporary public works;

¹⁸ Low income household is a household whose income per month does not exceed the maximum EUR 436 for the first or single person in the household and EUR 305 for other persons in the household (the amounts vary among municipalities from EUR 272 to EUR 436).

¹⁹ Needy income household is a household whose income per month does not exceed EUR 272 for the first or single person in the household and EUR 190 for other persons in the household.

- support measures for the unemployed with addiction problems;
 - promoting regional mobility;
 - support for social entrepreneurship;
- support measures for seniors:
- career counselling;
 - measures to increase competitiveness;
 - and volunteering.

Detailed information on the implementation of the measures is available in Annex 2.

Measures to increase seniors' incomes from 2018:

In order to provide more support to pension beneficiaries by ensuring an increase in their income, the non-taxable pension minimum has been increased annually from 2018:

In 2018 – EUR 250 per month (in 2017 – EUR 235 per month)

In 2019 – EUR 270 per month

In 2020 – EUR 300 per month

In 2021 – EUR 330 per month

In 2022 – EUR 350 per month (from 01.01.2022.) and EUR 500 per month (from 01.07.2022.)

Overall, the tax-free pension minimum has increased by more than 50% between 2017 and 2022 (from EUR 235 to EUR 500 a month).

In order to increase the income of people at retirement age with high insurance length:

- from 2018 the indexation of old-age pensions shall be subject to a higher insurance contribution wage sum real increase (if in general case an actual consumer price index and 50% of insurance contribution wage sum real increase is taken into account in the indexation of pensions, then from 2018 instead of 50% there are applied 60% if length of insurance is between 30 and 39 years or pension is granted for work in harmful and severe or particularly harmful and severe working conditions and 70% if length of insurance is 40 years or more);
- from 2019 the old-age pensions with insurance length of 45 years or more are subject to 80% (instead of 70%) of the interest on the real increase in the amount of insurance contributions wages. As a result of pension indexation, the average pension amount increased in recent years: in 2019 - by 7.19% - 9.77%, in 2020 - by 3.8 - 5.78% and in 2021 - by 4.23% - 5.07%.

To support the most vulnerable group of seniors - seniors living alone - from 1 January 2019 it was determined that the spouse of the deceased recipient of pension who is also a recipient of pension shall be granted an allowance for 12 months in the amount of 50 % of the pension granted to the deceased spouse and additional payment to pension for insurance length until 31 December 1995 (previously there was provided a lump-sum payment in the amount of two pensions of the deceased pensioner). In 2019 the allowance was received by 2.8 thousand beneficiaries on average, while in 2020 – 5.7 thousands. The amount of monthly allowance disbursed in 2020 was 169.63 euros,

which is on average by 9.96 euros higher than in 2019. In 2020 the allowance was received more by women (4.2 thousand or 73%) than men (1.5 thousand or 27%).

From 1 October 2019 for the first time the amount of the supplement for one year of length of service accrued until 31 December 1995 (currently EUR 1.50 for old-age pensions granted until 1996) was indexed upon actual consumer price index and 50% of insurance contribution wage sum real increase (before 2019 indexation the value of one insurance length before 31 December 1995 was EUR 1,50 for old-age and disability pensions granted before 31 December 1995, and EUR 1 for old-age and disability pensions granted before 1 January 1997).

From 1 January 2020 the new minimum amounts of the old-age pension have been determined, which depend on the basis of calculation of the minimum old-age pension of EUR 80 (for persons with disabilities from childhood – EUR 122.69), to which a certain coefficient shall be applied depending on the length of the person's insurance period. As a result, for persons with length of insurance from 15 to 20 years, the minimum amount of the old-age pension is EUR 88, while for persons with disabilities since childhood – EUR 134.96. For persons with length of insurance from 21 to 30 years, the amount of the minimum old-age pension shall be EUR 104, while for persons with disabilities from childhood – EUR 159.5. If the length of insurance is between 31 and 40 years, the minimum amount of the old-age pension shall be EUR 120, and for persons with disabilities from childhood – EUR 184.04. However, if the length of insurance is 41 years and more, the amount of the minimum old-age pension is EUR 136, while for persons with disabilities from childhood EUR 208.57.

As a result of the increase of the state social security benefit for persons with disabilities – from EUR 64 to EUR 80 (for persons with disabilities from childhood – from EUR 106.72 to EUR 122.69) also the minimum disability pensions increased. In the case of Group I disability, the minimum disability pension is EUR 128 (for a person with a disability from childhood - EUR 196.30), in the case of Group II disability – EUR 112 (for a person with a disability from childhood - EUR 171.77), in the case of Group III disability – EUR 80 (for a person with a disability from childhood - EUR 122.69).

From 1 January 2020, a member of the 2nd pension pillar who has not yet applied for an old-age pension shall have the right to choose how the accumulated occupational pension capital will be used in the event he/she dies before the old-age pension is granted:

- transfer the state pension to the special budget (then the capital will be taken into account in calculating the survivor's pension);
- add another person's pension to the capital accumulated at 2nd pension pillar;
- leave for inheritance in accordance with the procedures laid down in the Civil Law.

When applying for an old-age pension, a member of the 2nd pension pillar must choose to combine the pension capital accumulated in 2nd pension pillar with the capital of 1st pension pillar and to receive one pension, or to purchase a life pension insurance policy in the life insurance undertaking of his/her choice.

In order to reduce poverty and income inequality, especially for people of retirement age, a comprehensive **minimum income reform** has been introduced from 1 January 2021, changing the principles for setting the minimum income thresholds by linking them to a socio-economic indicator (in the past, the thresholds for minimum income were established on the basis of political agreement, with no linkage to a certain socio-economic value, therefore the thresholds for minimum income were inadequately low).

This led to a revision of the national minimum income thresholds, increasing their adequacy and establishing the regularity of their revision, at least every three years. As a result, a number of minimum income thresholds provided by local government social assistance and the state benefits and pensions have been substantially increased²⁰:

- increased GMI threshold from EUR 64 to EUR 109 for the first or single person in the household (20% of the median income) and EUR 76 for each subsequent person in the household (coefficient 0,7 of the first person);
- the income threshold for a needy household has been raised, setting it at 50% of the median income. As a result, the income threshold for a needy household is EUR 272 for the first or single person in the household and EUR 190 for each subsequent person in the household (before EUR 128.06 per month);
- the income threshold of a low-income household is capped at 80% of the median income, as well as an increased income threshold, according to which a household is considered to be a low-income. As a result, the maximum income threshold for the low-income household is EUR 436 for the first or single person in the household and EUR 305 for each subsequent person in the household (before no maximum income threshold for the low-income person had been set);
- a single legal framework has been established for the provision of housing benefit by establishing certain housing-related expenditure items and their minimum norms, which are used for the calculation of the amount of housing benefit, which came into force from 01.07.2021.;
- the amount of the minimum old-age pension has been increased – the minimum basis for calculation of the old-age pension has been determined in the amount of EUR 136 (25% of the median income) instead of EUR 80, but for persons with disabilities from childhood, EUR 163 (30% of the median income) instead of EUR 122.69. The minimum old-age pension for each year of length of insurance shall be determined by applying a coefficient – 1.1 to the basis for calculation of the old-age pension and by increasing the amount by two % from the basis for calculation of the minimum old-age pension for each subsequent year which exceeds the period of insurance necessary for granting the old-age pension. This will ensure that the minimum old-age pension is not less than EUR 149.60 (for persons with disability since childhood – EUR 179.30). By increasing the amount of minimum old-age pensions, the amount of funeral allowances and allowances for the surviving spouse were increased.
- the amount of the minimum disability pension has been increased. The amount of the Group III disability pension is set at the basic level of the calculation of the disability pension, which is EUR 136 (25% of the median income) and EUR 163 (30% of the median income) for persons with disabilities from childhood. On the other hand, the amount of the disability pension for Groups I and II must not be less than the relevant basis for calculating the disability pension, to which a coefficient of 1.6 applies in the case of Group I disability and a coefficient of 1.4 in the case of Group II disability (see Table 1 in Annex 1). By increasing the minimum amount of disability pensions, the amount of allowances for the

²⁰ The minimum amounts of benefits and pensions, or thresholds thereof, are determined on the basis of methodologically justified criteria consistent with socio-economic reality, i.e. in percentage of the median disposable income of households per equivalent consumer (hereinafter - median income), the calculation of which uses the equivalence scale 1; 0.7 (1 for the first or single person in the household and 0.7 for the rest members in the household).

- surviving spouse increased, as did the amount of funeral allowances in the event of the death of the recipient of the disability pension;
- increased amount of state social security benefit for seniors and people with disabilities (see Table 2 in Annex 1).

In order to reduce the increase in costs and the immediate negative impact on people with lowest income and more exposed to the risk of poverty (especially for people of retirement age), as well as to reduce the energy poverty, the following support measures have been established from 1 January to 30 April 2022:

- support of EUR 20 per month is paid to certain groups of pension and benefit recipients, refugees and persons with alternative status at retirement age or with certain disabilities;
- the number of recipients of housing benefit has been extended and the amount of support to be provided has been increased (applying coefficients) to a person of retirement age living separately or to a person with a disability living separately, a household which only includes persons of retirement age or persons with a disability;
- payments of the mandatory procurement component of electricity are covered from the state budget in the amount of 100%;
- the costs of electricity system services are covered from the state budget in the amount of 100%;
- from 1 January 2022 to 31 December 2022 the state co-finances to local governments the expenditures for the housing benefit in the amount of 50%. This enables that the housing benefit is provided to a greater number of people, avoid a fall in the solvency of the population, as well as mitigate the consequences of the spread of COVID-19 infection and the rise in electricity prices;
- if a person of retirement age lives in a needy or low-income household or has Group I disability, support for a protected electricity user has been increased by EUR 10 from 1 November 2021 to 31 December 2022, bringing together EUR 15 per month²¹.

Key achievements and challenges ahead

The most important achievements over the last 20 years, recognising the employment potential of older workers and developing labour market strategies to promote maximum participation opportunities for workers of all ages, are two key laws that were adopted 20 years ago: *The Labour Law*, which entered into force in 2002 by improving it in line with the requirements of EU Directives, and *Support for Unemployed Persons and Persons Seeking Employment Law* which entered into force in 2002, with the aim of establishing a system to support the unemployed and the jobseeker by providing wider access to appropriate active employment measures while facilitating the transition from a passive beneficiary of unemployment benefit to an active jobseeker.

One of the achievements to highlight is the introduction of a number of targeted support measures and the provision of support to older jobseekers, the unemployed and the

²¹ Electricity Market Law

employed, enabling them to adapt to changing working conditions, to improve their skills and knowledge by providing practical measures to maintain longer working lives.

Meanwhile, the most significant achievement in low income growth is the minimum income reform introduced in 2021. It is the most ambitious reform implemented during the last 20 years to alleviate poverty and income inequality, which is particularly important for people of retirement age, given the particularly high risk of poverty of this target group. It is also important to highlight the tax reform from 2018, which aimed to reduce income inequality by increasing the income for the lowest-income population, especially for people at retirement age. Although poverty and income inequality indicators for 2020 do not show a decreasing trend, it should be pointed out that the impact of the minimum income reform can be assessed in 2023, when indicators for 2021 will be available.

The following tasks:

- increase the amount of social transfers and their impact on poverty reduction (especially for the most vulnerable groups of the population at risk of poverty), including ensuring the review of individual social benefits, remuneration and allowances and the linking thereof in accordance with changes in socio-economic indicators, as well as evaluating the possibility of introducing a basic pension²²;
- increase the competitiveness and responsiveness of unemployed persons, job seekers and persons at risk of unemployment to the transformation of the labour market and the need to adapt to the current situation in the labour market²³;
- increase the participation of adults in education, in particular for those who enroll in education less; increasing the quality of adult education and establishing a sustainable and socially responsible system of funding for adult education²⁴.

²² The tasks set out in the “Strategy on Social Protection and Labour Market Policy for 2021-2027”.

²³ Ibid.

²⁴ The challenges set out in the “Education Development Strategy for 2021-2027”.

3. Ensuring ageing with dignity

Protecting older persons' enjoyment of all human rights and dignity, promoting their autonomy, self-determination and participation in society, and making sure that no law, policy or programme leaves room for discrimination of any kind.

Respect for the principle of equal rights, including the requirement to ensure the rights of individuals without discrimination, whether direct or indirect, irrespective of their age, is enshrined in all key sectoral laws. The principle of equal rights and the prohibition of discrimination as part of fundamental human rights are enshrined in the Constitution of the Republic of Latvia.

Equality, inclusion, non-discrimination and respect for fundamental rights are defined as a horizontal principle in all areas of EU fund support. The preparation, implementation, monitoring, reporting and evaluation of the Programme should take into account and promote gender equality, gender mainstreaming, and take action to prevent any discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation. All the preparation and implementation of EU funds shall take particular account of the need to ensure accessibility for persons with disabilities. EU funds should only support actions that reduce segregation or exclusion and should ensure accessibility for persons with disabilities when funding infrastructure. The horizontal principle aims to eliminate inequalities between women and men in any field, promote inclusion and non-discrimination based on racial or ethnic origin, religion or belief, disability, age or sexual orientation. In order to monitor compliance with the horizontal principle, guidelines have been developed²⁵ for its implementation and monitoring, where the situation in the area of ageing and age discrimination is reflected more extensively in this period of EU funds than in previous periods of EU funds, providing concrete examples of actions promoting equal opportunities of and rights for seniors.

Before looking at progress in various areas, it is important to point out that **administrative territorial reform** was introduced in Latvia in 2021, reducing the number of local governments from 119 to 43. It was necessary to carry out local government reform primarily in the interests of Latvian residents, because it is essential to plan the development of the territory linking it around regional and national development centres, where economic activity and the supply of services are greater. This concerns the establishment of an efficient network of education, healthcare, social assistance, roads and transport, as well as infrastructure for communal farming. On the other hand, according to the wishes and needs of entrepreneurs, all types of necessary infrastructure are subordinated to the development of prospective economic activities in the territory²⁶. Administrative territorial reform is thus one of the preconditions for developing and developing services essential to seniors, such as social and health care.

²⁵The guidelines are available on the website of the Ministry of Welfare: <https://www.lm.gov.lv/lv/vadlinijas-horizontala-principa-vienlidziba-ieklausana-nediskriminacija-un-pamattiesibu-ieverosana-istenosanai-un-uzraudzibai-2021-2027>

²⁶Ministry of environmental Protection and Regional Development, <https://www.varam.gov.lv/lv/administrativi-teritoriala-reforma>

At the same time, it should be noted that, in order not to make the availability of services provided by the state and local governments remotely, 138 unified customer service centres of the State administration (hereinafter - CSC) are operating in Latvia following the administratively territorial reform, planning to increase their number to 592 CSC in the future. CSCs are aimed to provide citizens with information and practical assistance in the application of public administration services as close as possible to their place of residence. Citizens can turn to the CSC and receive support:

1. Printing or downloading a Covid-19 digital certificate.
2. In applying for benefits at the State Social Insurance Agency.
3. In the submission of annual declarations by the State Revenue Service.
4. In applying for services provided by the Office of Citizenship and Migration Affairs.
5. Advice on the use of social networks, e-mail and the Internet.
6. The use of platform latvija.lv.
7. Handling printing, scanning and other issues related to technical support (Internet, computer access) for job execution.
8. On the services and facilities provided by other national authorities.

In the future it is planned to increase the scope of services so that citizens have access to remote communication with a specialist of the State Social Insurance Agency regarding old-age pensions, sickness benefits, disability pensions and parental benefits, as these services can only be received at present in the branches of the State Social Insurance Agency. The CSC is an essential resource for seniors because they often don't have sufficient skills to work with computer or the Internet, so the possibility of managing different services in person and closer to their place of residence is very important.

Social and healthcare services

The laws and regulations make **a strict distinction between social services and health services**, both in terms of purpose, content and funding organisation, and are governed by different laws in different areas. The segregated areas of social services and health care make it difficult to provide beneficiaries of social care services with adequate health care, especially for those in long-term social care and social rehabilitation institutions (hereinafter – long-term social care institutions). Consequently, a solution needs to be sought by matching resources from two sectors in order to ensure optimal access to services appropriate to the needs of clients and health conditions, while effectively and efficiently using state and local government budget resources for the provision of care in institutions for long-term social care and social rehabilitation, as well as care at home, outpatient psychiatry, palliative care, social rehabilitation of persons dependent on psychoactive substances²⁷.

In the field of social care:

Social services are one of the most important instruments for ensuring equal opportunities for persons with disabilities and other persons at risk of social exclusion to live in society and for promoting their inclusion and participation in society. According to national statistics compiled by the Ministry of Welfare, the number of

²⁷ “Strategy on Social Protection and Labour Market Policy for 2021-2027” (2021), p. 80.

recipients of long-term care services financed by municipalities and home care is increasing annually²⁸. Coverage and accessibility of social services are insufficient, particularly for persons with mental disabilities and people at retirement age²⁹. At the end of 2020, there was a 521 person of retirement age in line to receive municipal services of long-term care institutions³⁰.

When analyzing information provided by municipal social service offices, it should be noted that only in the last two years (in 2018/2019) the establishment of day care centres for persons with dementia was started and 2 day care centres for persons with dementia were established during the reporting period (in total, there are 12 day care centers for retirement age people in 2020)³¹.

The residential care sector has the highest number of beneficiaries in the community-based social services sector. About 80% of home care recipients are people of retirement age. Although the total number of home care recipients has increased significantly, home care services are still not available in all municipalities (in 2014 – 81%, in 2017 - 82%, in 2020 – 90%)³².

For persons with disabilities, a number of measures have been implemented over the last 5 years. The most important of these are the following:

- In order to ensure equal access to social care services throughout the whole country, a more objective assessment of the functioning abilities of a person according to uniform criteria and planning of the necessary support, a level of care (a total of 4 levels) shall be determined from 1 January 2018 prior to the provision of a social care service financed by the state or local government. The level of care is a quantified value characterizing the degree of deprivation of a person's self-care capacity, which is determined as a result of the assessment of a person's physical and mental abilities and skills. The level of care is also used to differentiate the amount of content or costs of social care services provided in the municipality, the amount of care allowance.³³
- From 1 July 2021, significant changes in the provision of the state funded assistant service³⁴ in the local government came into force, as a result of which a single questionnaire has been introduced for evaluation of the necessity of the assistant service for adults; substantially improved administration of the service for both service providers and recipients; a unit price has been determined

²⁸ Reviews on social services and social assistance in the municipality/republican cities during 2014-2019.

²⁹ Study “Assessment of the content, accessibility and impact of public-based social services on reducing social exclusion for pre-retirement and retirement-age persons and persons with mental disorders”, available: <http://195.244.155.179/node/3142>

³⁰ Reviews on social services and social assistance in the municipality/republican cities in 2020.

³¹ Informative Report “Final evaluation on the implementation of the Strategy on the Development of Social Services 2014-2020” (2021), p. 44. Available at: https://tapportals.mk.gov.lv/legal_acts/a7d57dd0-0473-45a1-8324-c7375afd2b79

³² “Strategy on Social Protection and Labour Market Policy for 2021-2027” (2021), p. 93.

³³ Ibid p. 77.

³⁴ Assistant - a natural person who gives assistance to a person with a very severe or severe level of functioning limitation in performing such activities outside his or her dwelling which due to his or her disability cannot be performed independently, - to get to the place where he or she is studying, working, receiving services; to move about and to take care of himself or herself in an educational institution, in a place of paid employment; to be in contact with other natural and legal persons, and also assist a person with visual disability to acquire a programme of basic vocational education, secondary vocational education or higher education (Disability Law).

within the framework of which increased remuneration of assistants is provided. Thus, for the overwhelming majority of people in both the 18-64 age group and seniors over 65, it is possible to get a higher amount of assistant service than before.

- Due to the rapidly increasing demand for technical aids as a result of an ageing population and the increase in persons with first-time determined disability, a compensation mechanism is possible to receive from 2016, i.e., certain technical aids can be purchased by a person at his/her own expense in one of the EU Member States and, on arrival of the queue, compensation is paid to a person from the state budget in a certain amount. However, the introduction of the compensation mechanism does not solve other problems identified in the provision of the technical aids, for which proposals to improve the organization of the technical aids were developed in 2017 and 2018, which foresaw significant changes to the procedures for granting the technical aids. The essence of **the reform of the technical aids** is to introduce a new model of the organization of the technical aids, providing that the client selects the technical aid with producers or suppliers registered in accordance with the procedures specified by the Cabinet, replacing the public procurement with a “voucher” or a system of financing compensation (hereinafter - “voucher” system). The possibility for a customer to choose a provider of technical aids in the long term would promote competition among technical aids` manufacturers, availability and quality of technical aids. The reform requires the development of a countervailable pricing methodology for both individually manufactured technical aids and manufactured technical aids and requirements for technical aids` service providers. It is expected that in the “voucher” system a person will be evaluated by providing him or her the technical aid that is more appropriate to his or her needs, purpose of use and person`s level of activity. Implementation of the reform is planned to be completed by 2023.

Both the home care provider and the provider of long-term social care institutions shall, within the limits of their possibilities and funding, take measures **to improve the quality of the service**. Improvements are mainly related to the modernisation of the service, the addition of specialist recruitment, the purchase of new equipment for the provision of the service, in the case of a home care service - the purchase of equipment and cars to ensure faster and more convenient access to the customer, while improving the availability of the service in the most remote localities and households in the county. Older people and severely disabled people in rural areas are particularly feeling isolated and anxious about their safety, so accessibility and quality improvement of home care service play a key role in human safety. While home care recipients are not always prepared to use **new methods and technologies**, in recent years more and more customers have also been using remote working methods to receive social care services, such as a safety button service (4.5% of the total number of home care customers in 2019), as well as information technology to communicate with social service providers. With information technology customers have the ability to communicate with a social service provider remotely, tell them about situations of concern, receive consultation or advice on how to proceed, while an employee can assess the situation remotely and decide whether it is necessary to leave the customer, whether the situation is still manageable and there is no need to go to the customer. By contacting the customer remotely it is also possible to find that other services are also needed, such as calling an ambulance team. In long-term social care institutions, meanwhile, information technology is a valuable springboard, with process descriptions, data collection and

processing, remote counseling also increased significantly during the Covid-19 pandemic caused restrictions.

Within framework of activities supported by Operational Program for Latvia for 2021-2027 there are planned investments in the development of community-based social services, which, inter alia, will also focus on providing support to persons of retirement age in their residence, maximising the time that a person can continue to live in his or her housing. While the development of familial type social care services for elderly people have been planned under the Recovery and Resilience Plan.

In the field of social rehabilitation:

Since 2015 the state also finances a **service for adult victims suffered from violence**³⁵. According to data on the users of the service, women who have suffered domestic violence - from their husband, partner or friend - use the service in most cases (more than 90%). A social rehabilitation service for adult victims of violence has been subject to a gender-based evaluation of the service in 2018.³⁶ The evaluation concludes that the rehabilitation service for violence is necessary to prevent the consequences of violence against women, but that it is essential to work to address the causes of violence. Women who have received or are still receiving the service were involved in the evaluation of the service. Overall, the use of the service was assessed positively by women, but the need for improvements at different stages of service delivery can be identified. Most often it is recommended to increase the amount of service and increase the amount of legal aid, as well as to allow a lawyer to represent a woman in court as well, or at least finish settling legal cases initiated by a woman while receiving a rehabilitation service. Older women and childless women use these services relatively fewer. For improving the service it is necessary to raise the public awareness on availability of the service by calling by using new channels of access to information such as pharmacies, radio, etc. to reach older women who suffer from violence.³⁷

In the field of healthcare:

The procedures for prescribing the state reimbursable medicinal products have been changed. In order to prevent residents from overpaying for the state reimbursable medicinal products, from April 1, 2020 the procedures for prescribing the state reimbursable medicinal products were changed – the doctor now indicates the active substance in the prescription instead of the name of a particular medicinal product, while pharmacies from medicinal products of the same effect issue reimbursable medicinal products at the lowest price, which are of the same quality, efficiency and safety.

Remote consultancy. In 2020 a new type of service - remote consultation from general practitioners and specialist physicians - was introduced amid the spread of COVID-19

³⁵ Informative Report “Final evaluation on the implementation of the Strategy on the Development of Social Services 2014-2020” (2021), p. 64.

³⁶ Ltd. “Project and Quality Management”, Ilze Mileiko, Barbara Abele. Study “Modelling the design of an optimal service for a social rehabilitation service for adult victims of violence, taking into account the gender perspective” (2018); available at: <https://www.lm.gov.lv/lv/media/6298/download>

³⁷Ibid., p. 68.

to reduce patients' need for face-to-face visits to general practitioners and specialist physicians while not impairing the quality of healthcare services they receive.

Improving access to healthcare services:

- One of the government's priorities in the long run is to develop access to health care services. Reducing waiting times for health services is one of the courses of action to ensure this. In order to reduce waiting times, additional funding has been regularly allocated since 2017 for examinations and medical consultations. Patient waiting queues for specialist consultation are down 9.25% as of January 1, 2020 (averaging up to 91.19 days compared to the pre-reform situation where the average wait time was up to 100.48 days). As of January 1, 2020, patient waiting queues for scheduled day in-patient services have decreased by 47.45% (average up to 213.89 days compared to the pre-reform situation when the average waiting time was up to 407 days). Patient waiting queues for outpatient rehabilitation services have fallen by 73.81% as of January 1, 2020 (average up to 131.00 days compared to pre-reform situations when the average waiting time was up to 500.2 days).
- A second course of action to promote accessibility of the health care services is the provision of human resources in healthcare (optimal number and effective generational replacement, long-term settlement of remuneration, attraction and retention in the provision of state-paid services). In the field of human resources, one of the topical issues on which work has already started is the increase of wages for healthcare workers. Financing has been granted for the increase in remuneration, including the increase in the work remuneration of medical practitioners, drivers of emergency medical vehicles and other employees. The provision of doctors, nurses and other medical practitioners is a priority of the last three years, which is confirmed by the further increase in remuneration. At the same time, measures for attracting medical practitioners to regions are implemented from EU funds and support for professional improvement of medical practitioners is ensured. For example, over 1000 medical practitioners (doctors, nurses, nursing assistants, physiotherapists, medical assistants, etc.) have been attracted to regions outside the capital during the period from 2018 to the end of 2021 and vocational training has been provided for 22824 medical practitioners. In 2022, the government has supported the initiative of the Ministry of Health to target 30 places in the state financed residency in order to gradually reach a level that will allow for a successful generational transition in the healthcare sector, improving the continuity and availability of health services. In the 2022 / 2023 study year 246 future doctors-specialists will be able to start training in residency, while in the next two years the number of state-paid residency is expected to be increased by allowing 277 young doctors to study each year (232 residency places were paid from the state budget in 2021). The number of doctors is increased directly in specialties with an aging age structure, as well as in specialties related to demand for health services in line with the population's aging trends, e.g., internist, gerontology, palliative care doctor, but in particular the largest number of places (48) in the specialty of a particular family (general practice) doctor. In addition to facilitating access to the family doctor's service and replacing those 159 family doctors who plan to terminate their contractual relationship with the state over the next five years, a mechanism has been established from 2022 to accelerate the acquisition of a

family doctor's specialty if a previously acquired internist or pediatrics specialty (3 residency places) has been acquired.

- From 2022 onwards, the profession of nurse in general care has been introduced in order to provide the nurse with additional competences, such as the ability to independently diagnose when patient needs a care, the possibility to consult independently and the ability to independently ensure the quality of patient care, assess and analyze it, in order to pursue an integrated patient-centred healthcare system. It is equally important to prevent fragmentation of the profession by several basic specialties in the improvement of the competence of nurses, therefore with the introduction of the profession of nurse responsible for general care, changes are implemented in the education system for the acquisition of the qualification of a nurse (qualification of nurse responsible for general care can be obtained in future in full-time studies of 4 years for the duration of studies of previous years and in addition to the acquisition of a specialty in formal education), while refusing certification. By providing more competences and more independent practice rights in the general care nurse profession, a faster access to the labour market for nurses will be promoted and mobility within the profession will be facilitated, thus a gradual improvement in the quality and availability of nursing care is expected.
- At the beginning of 2022, a project supported by the European Commission's Directorate-General for Structural Reform on the development of a Health Workforce Strategy in Latvia was launched. The project will be developed by Ltd. "Ernst and Young Baltic", in close cooperation with the leading health sector institutions and professional organisations. Within the framework of the "Health Workforce Strategy in Latvia", it is intended to analyse the current Latvian health-care workforce planning system, as well as to model the supply and demand of future health workers, thereby providing evidence-based, high-quality and efficient planning of the health-care workforce in Latvia. As one of the main results of the project, the development of a data-based model for health-care workforce planning will include considerations from health professionals on possible future health scenarios and current and historical data at national level, including health-care workforce load, pay, regional placement and age structure. The project implementation period is from 31 January 2022 to 22 May 2023. The strategy is expected to result in the ability of the Latvian authorities to keep health-care workforce in line with the needs of citizens and health care and the dynamic development of health care.
- Patient co-payments also have a significant impact on access to healthcare services. Changes have been made to reduce and abolish patient co-payments in order to reduce the financial burden on patients. For example, for people aged 65 and over, the co-payment of patients for a visit to the general practitioner has been reduced. Similarly, the total amount of the patient's co-payment for each hospitalization has decreased, which may not be exceeded in one hospital. In addition, persons with Group II disability (previously only persons with Group I disability) are exempted from the patient co-payment from 1 January 2022.

There have been introduced new and developed existing health services. Since 2018, a number of state-paid health services have been in place, such as diabetic foot care, diabetes patient training offices, state-paid enteral and parenteral feeding.

With a view to identifying the risk of cardiovascular disease as soon as possible, citizens aged between 40 and 65 in 2018 have the possibility to check heart health free of charge by A family doctor using the SCORE method, thereby initiating, if necessary, faster and more effective treatments to improve quality of life and survival.

A “Yellow corridor” has been established for patients, including patients over 65 years, with relapses of malignancy or recurrence of disease after recovery or during recovery. As part of the “Yellow corridor” medical consultations, diagnostic tests a.o. state-paid healthcare services are provided outside the overall patient line, i.e., within 10 days.

Measures to promote health and disease prevention are constantly provided for in order to ensure the preservation of health. During the 2014-2020 programming period³⁸, health promotion and disease prevention measures were implemented, covering a large part of Latvia's population, particularly people of social exclusion risk (implementation of that project is scheduled to take place by 31 December 2023). At national and local level, health promotion and disease prevention measures are being implemented in the four priority areas of health (cardiovascular, oncology, perinatal and neonatal care and mental health as regards healthy nutrition, adequate physical activity, reducing the use of addictive substances and the distribution of processes, promoting reproductive and psychological health. These measures also include activities for people over 54 years of age.

Information and Communication technologies (ICT)

ICT is developing even faster than before, also driven by the impact of COVID-19. ICT also contributes to the autonomy, self-determination and participation of older people in society. Seniors in Latvia are increasingly taking advantage of the opportunities offered by ICT. If 10 years ago (in 2010) only 29% of seniors (65+ years) had a computer at home, then in 2020 the amount doubled to 60.9%. For seniors living alone, this trend is even more pronounced, from 5.8 % who had a computer in the household in 2010 to 38.4 % for single-resident seniors` households in 2020. In the past decade, there have also been changes in the internet use. If only 9.4% of seniors aged 65-74 used the Internet regularly (at least once a week) in 2010, then in 2020 there are already more than half of seniors – 56.2%. Yet also in 2020, still one in three (31.8 %) of seniors never used the internet at all³⁹. *The Digital Transformation Strategy for 2021-2027* identifies the society ageing trend, emphasising the need to develop an IT solution to be installed in a person's home to monitor changes in a person's condition, as well as to promote the adaptation of socializing tools for seniors in order to create conditions for seniors to continue their lives as long as possible in their usual residence and reduce the risk of living alone in terms of developing mental illnesses.

³⁸ 9.2.4. specific objective “Improving Access to Health and Disease Prevention Services, in particular for the population at risk of poverty and social exclusion” 9.2.4.1 “Complex Measures for Health Promotion and Disease Prevention” and measure 9.2.4.2 “Measures to promote local public health and disease prevention”

³⁹ Central Statistical Bureau, information survey “Seniors in Latvia” (2021). Available at https://admin.stat.gov.lv/system/files/publication/2021-09/%21Seniori_Latvija_2021_%2821_00%29_LV.pdf

Research

Studies about the ageing processes of individuals and populations has been increasingly being carried out in recent years to help address emerging needs in an ageing society. Riga Stradins University, which specializes in healthcare and social sciences, has been conducting 6 studies in the field of ageing since 2019:

- 1) Promoting healthy ageing, well-being and social security (2021-2024) - addressing issues of healthy ageing, well-being and social security;
- 2) Modelling of public health effects of COVID-19 for older people in Latvia and Norway (2021-2022) - using innovative methods to understand and manage the consequences of the COVID-19 crisis for older people;
- 3) Challenges of an ageing population in the Baltic Sea Region (2020-2023) - the aim is to improve knowledge on the factors of social exclusion due to age by comparing the Baltic and Scandinavian countries. The project explores how social exclusion develops among the population and changes the conditions for societal diversification, what they mean for well-being in old age and how policies affect ageing processes;
- 4) "The impact of the COVID-19 pandemic on the healthcare system and public health in Latvia; strengthening the preparedness of the health sector for future pandemics" sub-project "Impact of COVID-19 on Latvian population groups over 50 years of age: recommendations for reducing health and social consequences and preparedness for future crises." (2020). The aim was to analyze the habits of the elderly during the COVID-19 outbreak and to develop policy recommendations on avoidable risk factors for future crisis situations;
- 5) The impact of long-term physical activity on the burden of cognitive dysfunction and depression on seniors (2019-2020) - to explore the relationship of long-term aerobic exercise to impairment of cognitive processes due to ageing;
- 6) Modifiable bio and lifestyle markers to predict worsening cognitive function (2021-2022) - find out if lifestyle and biological markers predict abnormal cognitive aging before a manifestation of clinical symptoms.

As part of the ESF project, a number of studies were carried out between 2018 and 2020, targeting int.al. to seniors, such as a Study of the health habits and functional abilities of Latvian residents over working age, a cross-section study of the risk factors for cardiovascular and other non-infectious diseases of Latvian residents, a study on salt and iodine consumption in the adult population of Latvia, Study on the distribution of addictions (gambling, computer dependency, new technologies etc.) of Latvian residents and the risk factors affecting it.

Key achievements and challenges ahead

In order to protect the human rights of all older people and to raise the quality standards for integrated social and long-term care and health services, as well as to adapt the status, training and working conditions of professional care workers, the following laws, which entered into force from 2003, should be mentioned as the most important achievements over the last 20 years:

- In 2003, the *Law on Social Services and Social Assistance* came into force, which for the first time established a framework in the field of social services

- (not just social assistance), laying down general principles for the provision of social services, duties and responsibilities of state and local governments. With the establishment of a framework for social services, various new social services have been introduced over 20 years and are constantly being developed;
- In 2009, the *Law on the Rights of Patients* entered into force with the aim of promoting favourable relationships between a patient and the provider of health care services, facilitating active participation of the patient in his or her health care, as well as to provide him or her with an opportunity to implement and protect his or her rights and interests;
 - In 2010, Latvia ratified the UN Convention on the Rights of Persons with Disabilities, which entered into force on 31 March 2010. A new *Disability Law* came into force in 2011.

One of the achievements in the allocation of social services is deinstitutionalization process launched in 2015 and the progress towards the development of community-based services.

The future tasks:

- increase the accessibility, efficiency and relevance of community-based social services to the needs of the target group, in particular by increasing access to social services for seniors⁴⁰;
- promote the transition of individuals to community-based or family-oriented services while improving the quality of institutional care services⁴¹;
- improve the financial protection of citizens in cases of illness and incapacity and reduce waiting times for the state-paid health services, including by increasing the availability of state-paid health services, medicines and medical devices⁴²;
- strengthen the coordination of patient healthcare in order to ensure continuity and cooperation between professionals in patient healthcare at different stages of treatment, including the development of cross-sectoral co-operation, ensuring that the patient is attracted to the social care services required during the healthcare phase⁴³;
- and promote the development of social networking programs for seniors⁴⁴.

⁴⁰ The tasks set out in the “Strategy of Social Protection and Labour Market Policy for 2021-2027”.

⁴¹ Ibid.

⁴² “Public Health Strategy for 2021-2027” (draft to 03.03.2022.), p. 38.

⁴³ Ibid.

⁴⁴ “Digital Transformation Strategy for 2021-2027” (2021).

Part III

1. Healthy and active ageing in a sustainable world

On July 17, 2018, Latvia presented the voluntary national Report to the High level political Forum on the implementation of the Sustainable Development Goals⁴⁵. The report identifies ageing as a weakness of Latvia, especially in the area of income and opportunity inequality, where ensuring good living for the elderly is one of the major challenges in an ageing population. The report also highlights the ageing population in the context of gender equality by updating the availability of care services for older family members.

The report to the UN on implementation of the sustainable Development Goals was co-ordinated by the Cross-Sectoral Coordination Centre (hereinafter - CSCC), which is an institution under the authority of the Prime Minister responsible for the Latvian development planning system. The CSCC also participates in the EU Council Working Group on *Agenda 2030 for Sustainable Development* and is active in the European Sustainable Development Network, a European public Administration Expert Group on Sustainable Development. The CSCC shall develop the National Development Plan (the hierarchically highest medium-term planning document, which determines the most hierarchically significant indicators of policy results to be achieved), monitoring and co-ordinating the implementation thereof, monitoring and co-ordinating implementation of such national development planning documents, which are related to the participation of the Republic of Latvia in the EU, as well as co-ordinating declarations regarding the intended activities of the Cabinet and implementation of the action plan for implementation thereof.

The main Sustainable Development Goals, which are in line with the measures in this report:

- End poverty in all its forms everywhere;
- Ensure healthy lives and promote well-being for all of all ages;
- Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all;
- Achieve gender equality and empower all women and girls;
- Ensure access to affordable, reliable, sustainable and modern energy for all;
- Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all;
- Reduce inequality within and among countries.

⁴⁵<https://www.pkc.gov.lv/sites/default/files/inline-files/Latvija%20IAM%20Zinojums%20ANO.pdf>

2. Lessons learnt from the impact and consequences of the emergency situation on the elderly

The health system was significantly impacted by the COVID-19 pandemic in 2020-2021, placing a heavy burden on both the inpatient and primary healthcare sectors. Due to the high number of inpatient COVID-19 patients, individual medical facilities temporarily restricted the provision of planned health services. The COVID-19 pandemic has increased the need for psycho-emotional support for residents and is predicted to have adversely affected the diagnostic and treatment options for other chronic diseases, thus impairing the health of the population.

A study “Impact of COVID-19 on Latvian population groups over 50 years of age” was developed in 2021 within the framework of the State Research Programme “To reduce the consequences of COVID-19”: recommendations for reducing health and social consequences and preparedness for future crises”⁴⁶. A survey of about a thousand Latvian residents aged over 50 revealed that almost a fifth of seniors have felt that COVID-19 has affected their mental health condition, while 6% of the mental health condition has been seriously affected because they have experienced both sleep problems, depression and anxiety and nervousness more often than not during the emergency. While well over half of older people surveyed use digital technology, only a fifth have used it to get health services. Only one in ten have made internet purchases. Digital technology opportunities among seniors are most used to gather information. In addition to the surveys, in-depth interviews have been conducted with men and women living in different regions of Latvia. Telephone consultations and e-prescriptions have been used by everyone who had it up to date; there were also no problems with known medications and getting them. Video communications (and computer programs) were not used due to shortages of resources and skills, thus drawing attention to the problems of economic inequality among seniors. Summing up responses to changing habits during COVID-19, it must be concluded that more than three in four seniors have avoided visiting shops and public places, as well as other forms of face-to-face contact with people. Seniors have felt the limit of daily activity during the emergency, but the restrictions have not been very significant, they say. People have tried hard to reduce contact with those around them, visited shops less often, moved less frequently on public transport, avoided travel, tried to keep up with the 2 m distance, used disinfectant more often. Just over half of seniors have also made food savings for longer periods, but a relatively small proportion of seniors have been prompted by COVID-19 to watch TV more often, read books more, eat healthier, communicate more with friends and acquaintances. The extreme situation has had virtually no impact on the drinking and smoking habits of seniors, leading to the conclusion that health habits have developed steadily in maturity compared to young people's age. Significant differences between gender, interview languages and age groups, such as retirement age and before retirement, were not observed. The study also covers employment-related issues, finding that older people do not work remotely (above 90%), which in turn can be both a protective factor for social isolation and related depression, and simultaneously raise anxiety and fear about possible infection with COVID-19. Insights from interviews show that it is older seniors, including employed people, who accept the situation and

⁴⁶ The study is available at: <https://www.vm.gov.lv/lv/media/6495/download>

rely on destiny. Their lived experiences offer a different perspective on the crisis posed by COVID-19 compared to younger people.

One of the most vulnerable groups in the COVID-19 emergency situation were elderly people in need of ongoing care - both those in home settings receiving home care service and those in long-term social care institutions. Guidance⁴⁷ was prepared in 2020, providing a care-at-home service to sustain the continued, high-quality and safe delivery of services that included key principles needed when planning and providing services amid the COVID-19 outbreak or widespread and rapid spread. In order to reduce the risk of contracting COVID-19 and prevent mass infection with COVID-19 to people living in state, local government and private institutions for long-term social care and social rehabilitation (hereinafter - institutions for long-term social care), as well as to provide support to institutions for long-term social care for the prevention of COVID-19 and the consequences thereof, an action plan for limiting the spread of COVID-19 in institutions for long-term social care and social rehabilitation was approved on February 4, 2021.⁴⁸ The Action Plan identified 7 directions of actions:

1. Dealing with operational issues.
2. Monitoring and control of the situation.
3. Compliance with epidemiological safety requirements.
4. Prevention of the spread of infection.
5. Support for employees of long-term social care institutions.
6. Communication with clients' relatives and institutions.
7. Exit measures.

On July 7, 2021, “Plan to increase vaccination coverage against COVID-19 infection” was approved⁴⁹. Given the very low coverage of vaccination against COVID-19 among seniors, in 2021, family doctors got involved by addressing seniors directly. 425 general practitioners engaged in calling seniors. 24,135 people have been called, of whom 9,236 have agreed to be vaccinated - 38% of those called. A number of information measures were also implemented in order to promote vaccination against COVID-19, including in relation to seniors, for example, a written article “Studies prove – adverse reactions from COVID-19 vaccines are the least common for seniors”⁵⁰, a letter from the Minister of Welfare to the largest seniors organization - the association “Latvian Federation of Pensioners”, was sent inviting to address each Member of his organisation, employee, inviting them to vaccinate, as well as to implement activities aimed at promoting vaccination, etc., within the framework of cooperation agreement between the Ministry of Welfare and the association.

In order to ensure the continuity of payment of various benefits and services, a number of key statuses were automatically extended, such as the status of needy and low-

⁴⁷Available here <https://www.lm.gov.lv/lv/jaunums/covid-19-noradijumi-aprupes-majas-pakalpojumu-sniedzjiem>

⁴⁸Approved by Cabinet Order No 66. Available here <https://likumi.lv/ta/id/320748-par-ricibas-planu-covid-19-izplatibas-ierobezosanai-ilgstosas-socialas-aprupes-un-socialas-rehabilitacijas-institucijas>

⁴⁹Approved by Cabinet Order No. 491. Available here <https://likumi.lv/ta/id/324688-par-vakcinacijas-aptveres-palielinasanas-planu-pret-covid-19-infekciju>

⁵⁰“Informative report on the plan to increase vaccination coverage against COVID-19 infection” (01.11.2021). Available for https://tapportals.mk.gov.lv/legal_acts/55479b9e-da21-4009-b331-96effc3e19e

income households, the disability period, etc. However, several health and social rehabilitation services were discontinued during the emergency periods⁵¹.

In order to mitigate the negative effects of the COVID-19 pandemic, alongside existing policy measures and standard support instruments, both lump-sum and temporary support measures were introduced directly for people of retirement age:

- A lump-sum allowance of EUR 200 for seniors and people with disabilities was granted in April 2021;
- In 2021, each person living in Latvia who has reached the age of 60 by the end of 2021 and completed a full vaccination course against COVID-19 infection shall be paid a benefit of EUR 20 per month during the period from 1 November 2021 to 31 March 2022.

In 2021, an open project application competition “Support to NGOs for the Reduction of the Negative Consequences caused by the COVID-19 crisis” was organised, the purpose of which was to provide support for the activities of NGOs, including such activities, which are implemented in addition to activities performed by state and local government institutions in order to reduce the consequences caused by the COVID-19 crisis in all regions of Latvia. Funding was received by 21 NGOs. The activities of one association were targeted directly at seniors, namely the aim of the project was to train 24 seniors so that in future they could engage in “Senior School” activities using the Internet connection method. Project activities are aimed at seniors who are constantly attending “Senior School” classes but are unable to attend in-person classes due to restrictions on gatherings during the COVID-19 pandemic. Within the framework of the project, classes were organised in small groups (3 people), providing the opportunity to acquire practical skills in work with electronic devices (tablet computers) and Internet usage skills, as well as to learn to use several useful Internet applications. As a result of the project, seniors learned to participate independently in the Zoom Online conference.

Overall, an assessment of the situation shows that a large number of activities have been implemented to prevent deaths as a result of COVID-19. Unfortunately, though, the vast majority of those who died of Covid-19 infection were seniors.

⁵¹ Three emergency periods: First emergency period was from March 12, 2020 to June 9, 2020. Second emergency period was from November 9, 2020 to April 6, 2021. Third emergency period was from October 11, 2021 to February 28, 2022.

3. Planned measures WHO healthy ageing decade 2020 - 2030

The Ministry of Health has developed “Public Health Strategy for 2021-2027” (draft)⁵², which aims to improve the health of Latvian residents by extending life in good health, preventing premature mortality and reducing health inequalities. By 2027, it is planned to:

- increase the number of healthy years of life by four years for men and three years for women;
- reduce potentially lost years of life by 15%;
- increase the average life expectancy of newborns in men by 1.8 years and in women by 1.2 years.

The *Public Health Strategy for 2021-2027 (draft)* sets out the following priority health areas: cardiovascular disease, oncology, mental health, maternal and child health (perinatal and neonatal period) care, rare diseases, palliative care, medical rehabilitation. The aspect of healthy ageing runs through the measures included in the *Public Health Strategy for 2021-2027 (draft)* and measures targeting the whole population, including the elderly, such as health promotion and disease prevention measures, will be implemented during its period of operation. Access to human-centred and integrated health services, improved availability of state-paid outpatient, inpatient services and reimbursable medicines and medical devices to citizens will also be promoted.

⁵² “The Public Health Strategy for 2021-2027” (draft to 03.03.2022.).

Conclusions and future priorities

The results of the active ageing index (see Annex 3 “Active Ageing Index”)⁵³ show that Latvia's average active ageing index is close to the EU average, i.e., 35.3 (EU – 35.7). Employment indicators in Latvia significantly exceed the EU average indicators – Latvia has the sixth highest indicator, as evidenced by relatively high employment rates in the 55 + age group. Employment rates have risen not only since 2005 but also since 2015. Employment growth has been influenced by many factors, both increasing the retirement age and increasing the life expectancy of the population, active ageing and also low pensions, leading many seniors to choose to continue working beyond retirement age.

Participation rates in Latvia are at the EU average level. Volunteering for seniors has increased, but political participation has fallen. The proportion of seniors (55 +) providing care to their children or grandchildren has dropped slightly compared to 2015, but is nonetheless seen as a relatively high rate of 27.5%. The proportion of seniors 55 + who looked after their parents or relatives with disabilities has risen very significantly. Compared to 2015, the figure has risen from 10.6% to 27.8% in 2018. This reaffirms the lack of a social care service in the country and highlights the need to invest significantly in the development of this service.

Independent, healthy and safe life indicators have improved slightly since 2005, but are still very low compared to the EU – Latvia has the lowest indicator among all EU countries. Unmet healthcare needs, low lifelong learning rates, high risk of poverty and low incomes unfortunately point to the low effectiveness of these policies and the weak impact on seniors' situation.

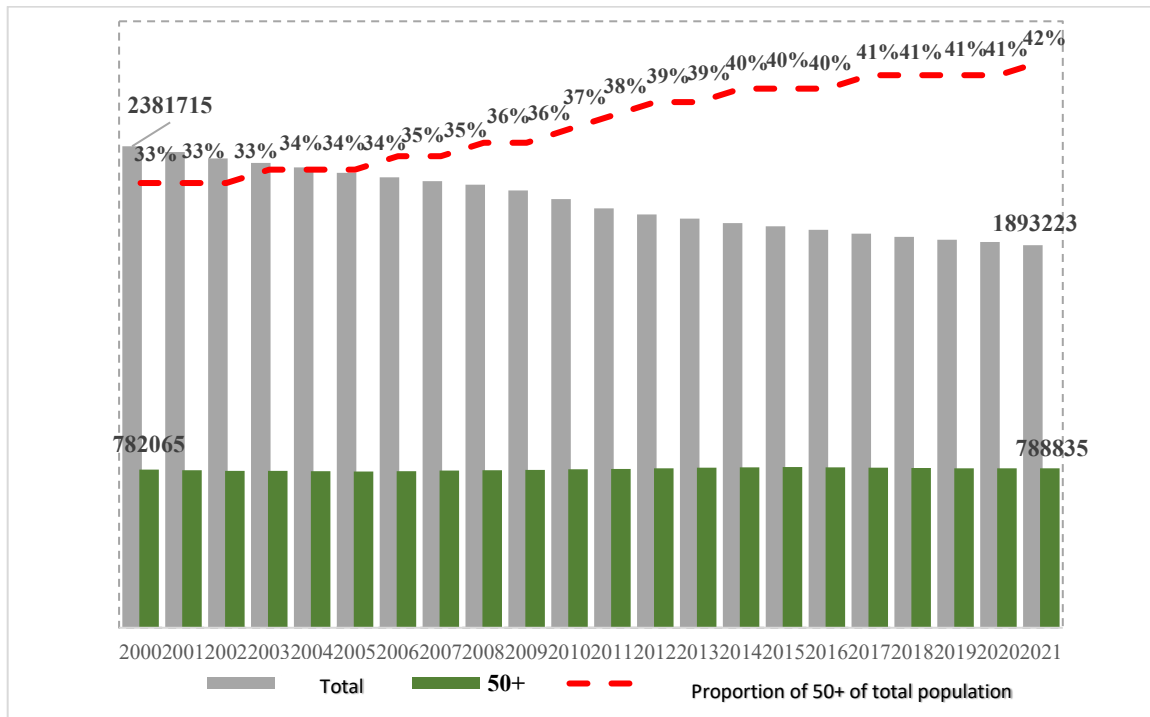
Capacity and active ageing environment indicators in Latvia are also significantly lower than in other EU countries. Significant progress has been made in some areas, such as the use of ICT by seniors aged 55-74 years has increased significantly compared to 2005. The level of education acquired by seniors aged 55-74 has also increased significantly. However, life expectancy and the number of healthy years in Latvia are significantly lower than in other EU countries.

Taking into account the active ageing index as well as identified gaps in different areas, the main priorities for the future in the area of ageing are as follows:

- improve access to social care and health care services;
- increase the amount of social transfers and their impact on poverty reduction for people of retirement age, as well as assess the possibility of introducing a basic pension;
- and continue to implement anti-discrimination measures through awareness raising activities on the needs of seniors.

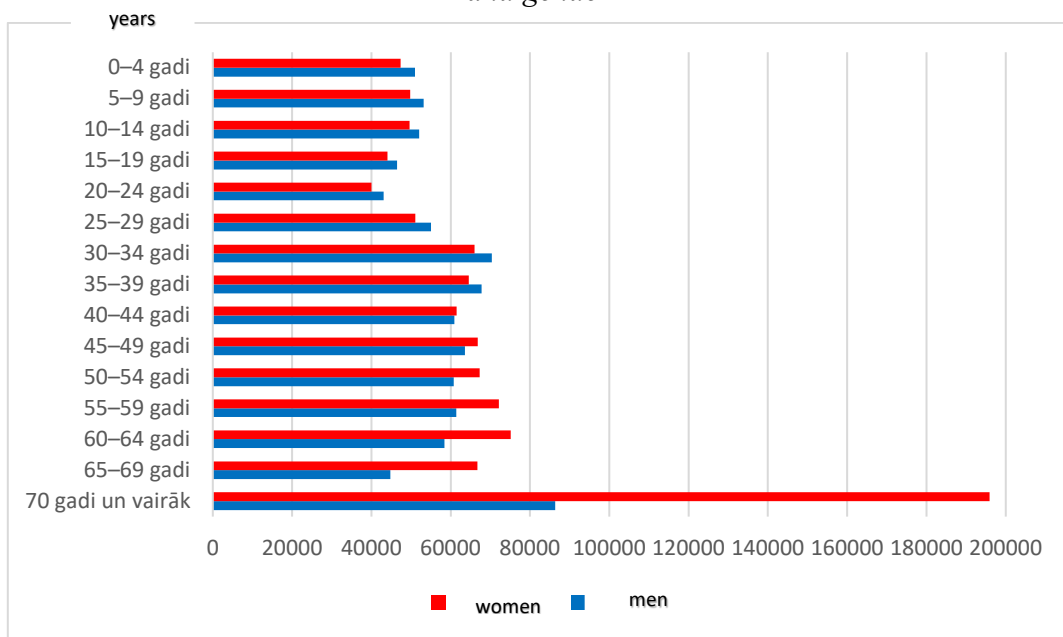
⁵³The comparison with EU countries is based on the following information: <https://composite-indicators.jrc.ec.europa.eu/active-ageing-index/active-ageing-index/profiles/LV>

Figure 1: Persons over 50 years of age and total population in dynamics



Data Source: Central Statistical Bureau

Figure 2: Number of permanent residents in early 2021 broken down by age group and gender



Data Source: Central Statistical Bureau

Table 1: Minimum disability pension amount, EUR per month

Disability Group	Coefficient	In 2020, EUR	In 2021, EUR
Persons with disabilities since childhood			
Group I	1,6	196,30	260,80
Group II	1,4	171,77	228,20
Group III	Base	122,69	163,00
Other persons with disabilities			
Group I	1,6	128,00	217,60
Group II	1,4	112,00	190,40
Group III	Base	80,00	136,00

Data Source: Ministry of Welfare

Table 2: Amount of state social security benefit, EUR per month

Persons with disabilities				
Disability Group	Coefficient	2020 EUR	2021 EUR	Amount for unemployed in 2021, +30% additionally for Group I Disability, +20% additionally for Group II Disability
Persons with disabilities				
Group I	1,3 (2020) 1,4 (2021)	104	152,60	198,38
Group II	1,2	96	130,80	156,96
Group III	Base	80	109	
Persons with disabilities from childhood				
Group I	1,3 (2020) 1,4 (2021)	159,50	190,40	247,52
Group II	1,2	147,23	163,20	195,84
Group III	Base	122,69	136,00	
Persons after reaching retirement age				

	2020	2021
	64,03	109,00
In the case of survivors		
	2020	2021
Up to 7 years	92,50	136,00
Up to 7 years for children with disabilities	106,72	136,00
Above 7 years	111,00	163,00

The changes concern an average 20 thousand persons per month.

Data Source: Ministry of Welfare

Table 3: Mortality by age group (total deaths per 100,000 inhabitants)

	2015	2016	2017	2018	2019	2020
0-14	46,8	42,7	42,4	34,1	32,1	34,2
15-59	398,7	392,8	395,9	400,8	373,0	369,7
60 years and older	4606,1	4621,6	4653,7	4644,0	4478,2	4669,3

Source: Centre for Disease Prevention and Control. Latvian population causes of death database.

Measures implemented in relation to employed persons, unemployed persons and seniors

1. Preventive support measures for employed persons

Public awareness measures to promote a longer and better working life

Objective: Promote awareness among employers and older workers, as well as the general public on trends in ageing society and labour force and possible solutions to promote longer and better working lives.

Target group: Employers (merchants and state or local government institutions) and persons aged 50 and older exposed to the risk of unemployment.

Responsible institution: Ministry of Welfare, State Employment Agency (hereinafter – SEA).

The measures were implemented under the ESF project “Support for longer working life”⁵⁴.

Financing and sources: 7.3.2 specific support objective “Extend the ability to work and employment of elderly”.

Activities planned for 2019 (seminars, TV and radio campaigns) were moved to 2020 to align with the next round of employer applications. In 2020, the planned application was not organised, therefore the public information activities were not carried out in full. In 2019, 3 publications were published on the SEA website on the results achieved by the project.

On August 1, 2020 amendments to Cabinet Regulation No. 504 of August 2, 2016, Regulations for implementation of 7.3.2 specific objective “Extend the ability to work

Evaluation of the potential of the work environment and human resources in merchants and local government institutions

and employment of elderly” of the Operational Programme “Growth and Employment” (hereinafter - Cabinet Regulation No. 504) came into force, according to which implementation of the ESF project “Support for longer working life” No. 7.3.2.0/16/I/001 was terminated with August 31, 2020. The measures foreseen in the project were not fully implemented.

Objective: to promote the quality of jobs in line with the needs of older workers, thus contributing to the maintenance of the working capacity and employment of older workers.

⁵⁴<http://www.nva.gov.lv/index.php?cid=2&mid=511&txt=4645>

Target group: Employers (merchants and state or local government institutions) and persons at risk of unemployment aged 50 and over in sectors with a higher proportion of older employees.

Responsible authority: SEA.

The measures were implemented under the ESF project “Support for longer working life”.

Financing and sources: 7.3.2 specific objective “Extend the ability to work and employment of elderly”.

As part of the **measure**, the following activities have been implemented between 1 January 2019 and 31 December 2021:

On 1 October 2018, employers' application for participation in the event “Assessment of the potential of the working environment and human resources” was announced. In total, 2295 employees over the age of 50 were applied by the employers for participation in the project. Applications had been submitted by employers of different sizes representing different regions. In the first round, contracts for the assessment of the working environment and human resources were concluded with 15 employers, while the evaluation was carried out with 12 employers.⁵⁵

Assessments of the working environment and human resources potential with employers were launched in January 2019. The assessments resulted in individual evaluations for 1095 employees. Figure 6 shows a number of trends identified during the project:

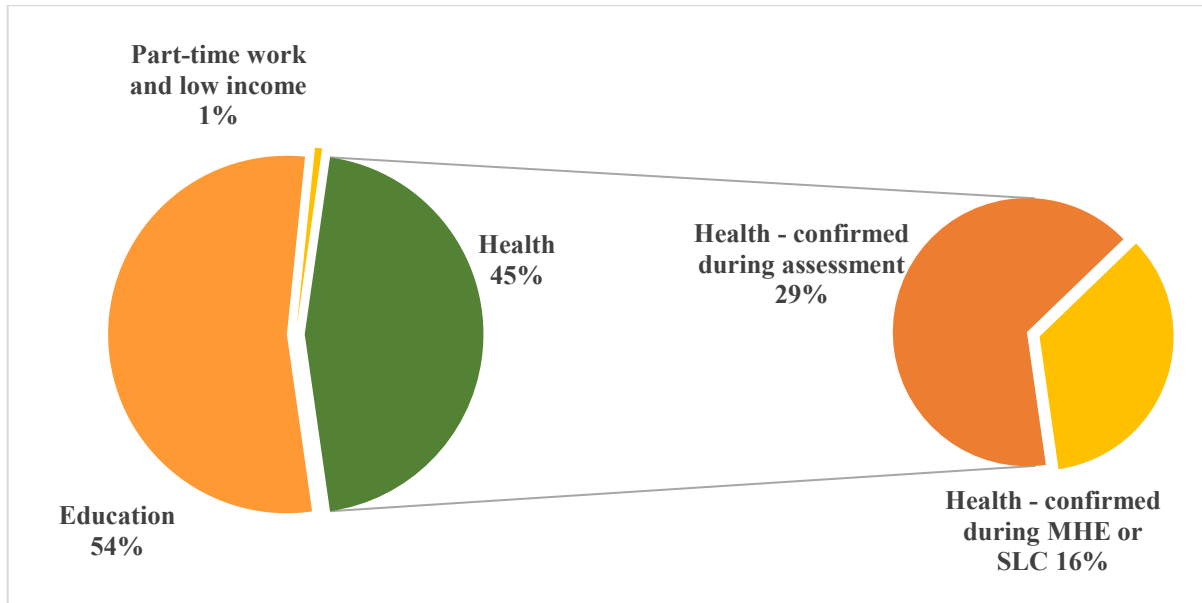
- when applying for the project, the employer indicated the number of employees over the age of 50 who are applying for the project, but when the assessment process started, some employees were no longer willing to participate in the project (had changed their mind, for personal reasons; saw no benefits or needs; there was insufficient information on the support provided by the project; the employer had not explained the conditions, benefits) or had terminated the employment relationship;
- not all employees who received individual assessments agreed to contract for support measures. The main reasons were the lack of willingness to delay work, or the employer did not provide opportunities to receive support measures during working hours; lack of finances (e.g. travel costs and time to be spent receiving health services); unavailability of services in the immediate region, etc.

According to the methodology, it was initially necessary to determine the compliance of employees with the target group criteria in accordance with COM Regulations No. 504 (see explanation of criteria in Table 2). First, the conformity assessment took place upon receipt of information from the employer regarding the level of education of employees, the existence of sick-leave certificates (hereinafter - SLC) and the results of mandatory health examinations (hereinafter - MHE). All employees had an interview with a doctor of occupational health and occupational diseases to assess the state of

⁵⁵ One of the employers declined to participate in the measure because it concluded, after assessing all the conditions, that this would be an excessive administrative burden for employees, as well as there might be limited opportunities for employees in the region to benefit from the support measures offered. Two of the employers had initially applied for just a few employees, but wanted to apply for more when they closed.

health. Slightly more than half of the participants in the evaluation qualified for the project according to the educational criterion, while 45% of participants qualified according to the health criterion.

Figure 6. Target group compliance with specified criteria



Data Source: SEA

Table 2: Explanation of criteria

Education	The education of a person does not exceed the average level of general or professional or vocational education or the person has higher education, but he or she is employed in low-skilled jobs (works of simple professions according to the ninth basic group of the Classification of Occupations).
Health	<p>Non-conformity of the state of health with the work to be performed or signs of occupational diseases has been determined for the person in the mandatory health examination or the person has been sent to an extraordinary mandatory health examination, or the person has been in a long-term absence due to incapacity for work (during the last year incapacity for work for at least one month continuously or two months with interruptions) - MHE or SLC has been established.</p> <p>A person has been diagnosed with an occupational disease or, in performing an assessment of the potential of the working environment and human resources, non-conformity of the state of health with the work to be performed or signs of occupational diseases, which were previously not detected in the mandatory health examination, but have been determined in the assessment.</p>
Part-time and low income	A person is employed part-time and on low income, which is less than 80 per cent of the minimum wage determined in the state.

Data Source: SEA

Support measures to promote the capacity, skills and health status of older workers

Objective: to promote the maintenance of the working capacity and employment of older workers.

Target group: persons aged 50 and over at risk of unemployment working in sectors with a higher proportion of older workers.

Planned activities: support measures which include the adaptation of the workplace in accordance with the opinion of an occupational therapist, health measures, mentoring and the application of alternative forms of work.

Responsible authority: SEA.

The measures were implemented under the ESF project “Support for longer working life”.

Financing and sources: 7.3.2 specific objective “Extend the ability to work and employment of elderly”.

As part of the **measure**, the following activities have been implemented between 1 January 2019 and 31 December 2021:

- **Workplace Adjustment**

The support measure “Adjustment of the workplace” was aimed to workers who comply with section 3.1.1 of Cabinet Regulations No. 504⁵⁶ in order to adjust the existing or the new workplace and to ensure the working environment appropriate to the employee’s state of health. A lump-sum grant in the amount of EUR 711 was provided for the adjustment of the workplace to the employer, which was planned to be granted according to the workplace adjustment estimate submitted by the employer.

The necessary workplace adjustments were determined by specialists from the work environment and human resources potential assessment team (labour protection specialist, occupational health and occupational diseases physician and occupational therapist). As a result, an ergotherapist’s opinion was drawn up on the adjustments needed by the employee and their justification.

Within the framework of the project, four characteristics were taken into account when assessing the necessary improvements in the working environment:

- 1) justification for the prevention of possible health disorders and reduction of existing health disorders;

⁵⁶ 3.1.1. non-conformity of the state of health with the work to be performed or signs of occupational diseases has been determined for the person in the mandatory health examination or the person has been sent to an extraordinary mandatory health examination, or the person has been in a long-term absence due to incapacity for work (during the last year incapacity for work for at least one month continuously or two months with interruptions), or the illness with an occupational disease has been determined for the person, or in performing an assessment of the potential of the work environment and human resources (hereinafter - assessment), non-conformity of the state of health with the work to be performed or signs of occupational diseases has been determined, which were not previously determined in the mandatory health examination.

- 2) tasks/duties (according to the job description) which are difficult to perform without improvement of the working environment;
- 3) technical parameters for improvement of the working environment, for example, dimensions and different specific technical data for identification of the adaptable file;
- 4) the potential impact of improvements in the working environment on the performance of the work duties/tasks and health of the employee, including when assessed in connection with the possibility of developing the occupational disease.

Experience gained during the assessments has shown that workers need to take preventive measures to maintain and improve health in good time in order to be able to carry out their work without adverse effects on their health (including without encouraging rapid development of occupational diseases).

A team of experts in assessing the potential of the work environment and human resources concluded that the employee does not need workplace adaptations, but specific means tailored specifically to the individual. For example, suitable work equipment (including work bench, ergonomic work chair, tools, etc.), individual solutions for maintaining health (including compression stockings, back corsets) or other technical and living improvements (including weight handling aids, silenced walls, additional wall partitions, etc.) and individual labour protection equipment (including hearing and respiratory protection equipment, protective clothing, protective gloves, etc.). It was also found that in order to perform direct work duties, employees do not need direct adaptations of the workplace, but improvements of the working environment are needed (installed auxiliary premises where the employee can relax more frequently, perform health-enhancing exercises, or distance himself or herself from the work area), which would help employees to continue their work in a qualitative manner.

It was concluded that, in some cases, support for improvements in the working environment would need to be aggregated if several employees work in the same workplace.⁵⁷ Assessments have shown that there are often several employees working in the same workplace (for example, three or four employees work shifts in a particular workplace, and not all employees can work 8 hours, the maximum normal daily working hours. In order to ensure better and more qualitative adjustment of the specific workplace to all employees working therein and to provide support to employees and their employers in the most efficient and targeted manner, a proposal was developed which provided that if several but not more than four employees perform the work in one workplace, support (grant) for improvement of the working environment could be aggregated according to the number of employees and such approach would ensure more targeted utilisation of improvements to the working environment of the grant. Thus, it would be possible to sum the costs of improvements to the working environment per job according to how many employees of the target group are employed in the particular workplace and the costs of improvements to the working environment would be provided to all employees (who use, for example, the adjustment made, equipment and who need it) according to the individual needs of employees.

⁵⁷Cabinet Regulations No. 504 provided that a lump-sum grant to an employer for the adjustment of the workplace of an employee has to be granted to one workplace (Cabinet Regulations No. 504, Sub-paragraph 18.2.2).

Such a change of approach would be an opportunity for the employer to receive support for the improvement of the working environment, which improves the working environment and working conditions for employees in the most efficient way, thus also improving the quality and productivity of the work of older workers. In general, extending support for improvements in the working environment would contribute to maintaining the employability and employment of workers aged 50 and over.

In the light of the experience described above, proposals for amendments to Cabinet Regulations 504 were submitted in the second half of 2019 for the improvement of the support measure “Adjustment of the workplace”, but were not implemented as the project was terminated in 2020.

- **Health improvement measures**

As part of health improvement measures, a person was provided with treatment services in the form of a course (e.g. physical exercise, physical medicine procedures, manual therapy, massages, classes with a physiotherapist, etc.).

During the assessment of the working environment and human resources potential, health improvement measures were imposed on almost all employees. The high number of employees in need of health measures implies that this type of support for people over 50 years is crucial.

Table 3: Summary of health measures

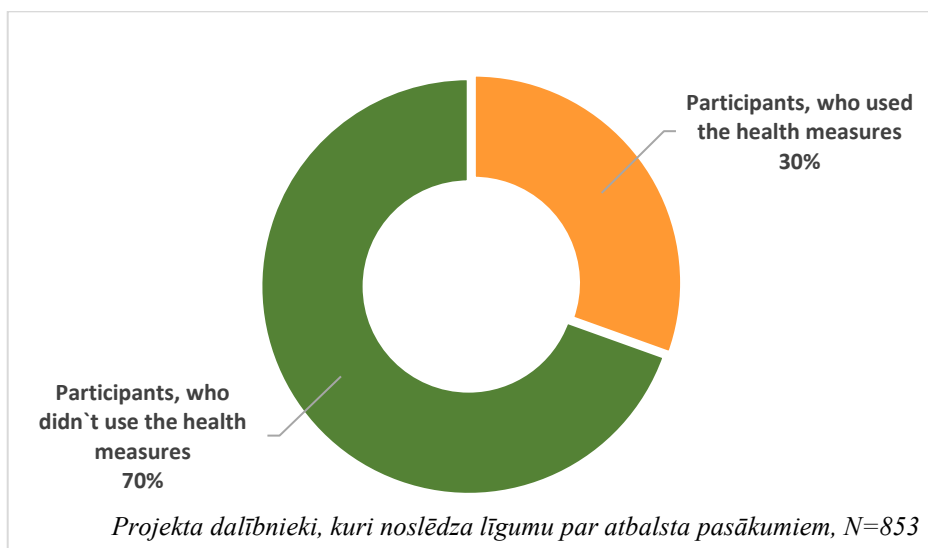
Health improvement measures	Number	Justification
Classes with physical therapist	996	After stressful working days and muscle tension, preventive health strengthening and maintenance is recommended. Seated and low-moving work that negatively affects the overall health condition. Leg and back health issues.
Physical exercise	930	After stressful working days and muscle tension, preventive health strengthening and maintenance is recommended. Seated and low-moving work that negatively affects the overall health condition. Back and leg health issues.
Massage therapy (for different body areas)	847	After stressful working days and muscle tension, preventive health strengthening and maintenance is recommended. Back health problems, seated and low-mobility work that negatively affects the overall health condition.
Water cure treatments	484	After stressful working days and muscle tension, preventive health strengthening and maintenance is recommended.

		Back, shoulder and arm health issues. Seated and low-moving work that negatively affects the overall health condition.
Physical medicine procedures	448	After stressful working days and muscle tension, preventive health strengthening and maintenance is recommended.
Water procedures (recommended swimming)	50	After stressful working days and muscle tension, preventive health strengthening and maintenance is recommended. Back, shoulder and arm health issues. Seated and low-moving work that negatively affects the overall health condition.

Data Source: SEA

Of the 853 employees who entered into a contract to participate in support measures, including health improvement measures, 260 employees or 30% used them. Overall, EUR 55 044.22 was spent on health measures. The average amount used by one participant was EUR 211.71. More than half, or 155 project participants, submitted payment supporting documents for more than EUR 240, while the maximum amount of compensation for health improvement measures was used by 101 employees.

Figure 7. Use of health services



Data Source: SEA

2. Support measures for the unemployed

Activation measures for long-term unemployed persons

Objective: to promote the integration of the long-term unemployed into society and placement in suitable permanent employment, an appropriate training programme or one of the measures offered by the SEA.

Target group: unemployed persons who have been unemployed for at least 12 months (long-term unemployed persons), including unemployed persons with disability and predictable disability, as well as unemployed persons for whom addiction to alcohol, narcotic substances or psychotropic substances has been established or is possible.

Responsible authority: SEA.

The measures were implemented within the framework of the ESF project “support for the long-term unemployed”.

Funding and sources: 9.1.1. specific objective “Enhance integration of the disadvantaged unemployed persons in the labour market”

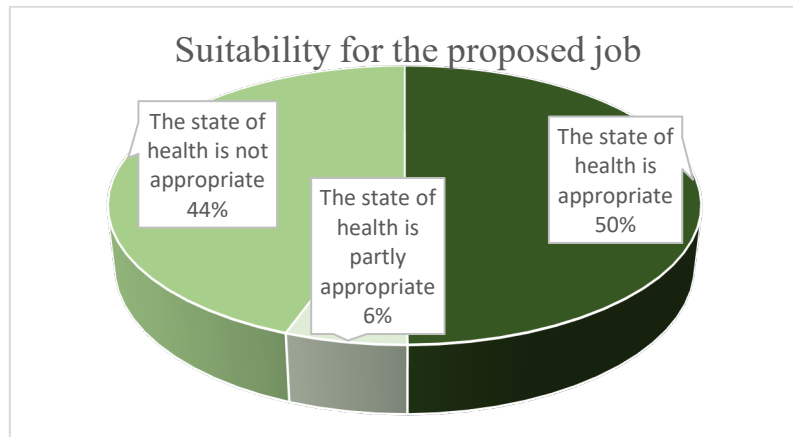
As part of the measure, the following activities have been implemented between 1 January 2019 and 31 December 2021:

- **Health examinations**

Since 2016 the project activity “Health examinations” was implemented in the project “Support for the long-term unemployed”, the purpose of which was to provide in-depth health examinations to the unemployed of the target group, determining the suitability for the proposed work, as well as the active employment measures provided for in the individual job search plan, evaluating the conformity of the health condition with the labour environment factors harmful to health, which included examination of doctors specialists, laboratory and functional examinations in accordance with the appointment of a doctor of occupational diseases. The activity was ensured by attracting an outsourced service provider in accordance with the *Public Procurement Law*.

Of the 2,080 unemployed people in the target group who started participating, 2,079 were unique individuals (99%). Below is a summary of the eligibility of the unemployed in the target group for the proposed job from the start of the project (see Figure 8).

Figure 8. Data on suitability for the proposed work from the start of the project until 30.12.2019.



Data Source: SEA

When analysing the results of the health examinations, it was concluded that the involvement of occupational doctors in the assessment of the health status of the unemployed has not led to a significant improvement in work with the target group. Namely, according to SEA data, as of June 30, 2020 of the 2,060 unemployed persons 88 (4%) had settled within 4 weeks after completion of participation, while 252 (12%) – within 6 months after completion of the measure. A similar result could be achieved using a statement issued by the treating physician, which in accordance with Cabinet Regulations No. 75 of 25 January 2011⁵⁸ has to be submitted to the SEA in order to inform regarding health problems, which may affect the determination of suitable work for the client.

Financing of EUR 73,738.26 has been used from the beginning of the project in order to ensure implementation of the operation. Similarly, a transport service was provided for the provision of that activity, namely the transport was provided to the unemployed person to take him/her from the SEA branch or the place of residence to the medical treatment institution and back, with the amount of EUR 45 611.06 being used, thereby the transport service significantly increased the financing of the project activity “Health examinations”.

In view of the above, with particular emphasis on the increase in operating costs for the provision of the service in order to make more efficient use of the funding earmarked for the support of the target group, it was proposed in 2019 to suspend the implementation of the “Health examinations” from 2020.

- **Determination of vocational suitability**

Determination of vocational suitability for the long-term unemployed by providing recommendations regarding work suitable for the unemployed, as well as active employment measures related thereto.

Implementation of the project activity “Determination of vocational suitability” was launched in the 2nd quarter of 2017 after the coming into force of the amendments in

⁵⁸ Regulations Regarding the Procedures for Organising and Financing of Active Employment Measures and Preventative Measures for Unemployment Reduction and Principles for Selection of Implementers of Measures

the Law on Social Services and Social Assistance on 9 February 2017, delegating to the Social Integration State Agency (hereinafter - SISA) to perform determination of vocational suitability for long-term unemployed persons within the scope of the project, evaluating the previous knowledge, abilities and skills of the unemployed person, as well as the motivation to return to the labour market or to engage in appropriate active employment measures. Within the framework of that activity, the SISA provided transport services from the SEA branch or the place of residence of the unemployed person to the SISA and back to the SEA branch or the place of residence of the unemployed person, as well as accommodation.

The SISA performed the determination of vocational suitability for unemployed persons with disability or predictable disability, long-term unemployed persons with mental disorders or long-term unemployed persons who have received a recommendation from a doctor within the framework of the project activity “Health examinations”.

The experience of the SISA in providing vocational suitability services, the established infrastructure that is fully tailored to people with disabilities, including mobility difficulties and wheelchair mobility, as well as a team of competent and experienced specialists ensured effective determination of vocational suitability. During participation, a team of specialists, which included educators, psychologists, career counsellors, occupational therapists, social workers, etc., provided theoretical and practical lessons in order to ascertain the motivation of a person to enter the labour market and to study, carried out evaluation of previously acquired knowledge, identification of skills and abilities, assessment of health status and work ability, providing recommendations regarding work suitable for the unemployed person, as well as active employment measures related thereto, in conformity with the health condition of the unemployed person, including regarding involvement in the project “Subsidized workplaces for the disadvantaged unemployed”.

The implementation of the measure was launched in May 2017. Vocational suitability has been determined for 450 persons, of which 280 are aged 50 and over. During the implementation of the project, 726 unemployed persons of the target group started vocational suitability, namely 646 persons with disabilities, including 99 persons with mental disorders and 80 long-term unemployed persons who have received a recommendation from a doctor within the framework of the project activity “Health examinations”, to perform the determination of vocational suitability, 9 of which were suspended from participation in the activity (4 were due to a state of health; 4 were due to other reasons, while 1 was due to violations of the contract).

Table 4. Data on participants from the start of the project until 30.06.2020.

Title of action	Number of unemployed persons completed *	Placement within 4 weeks of completion of the measure, number of unemployed *	Placement within 6 months of completion of the measure, number of unemployed *
Determination of vocational suitability	717	9 (1%)	66 (9%)

Data Source: SEA

142 persons had started participation in the vocational suitability measure during the period from 1 January 2020 to 31 December 2021.

- **Motivation programme for job search and social mentoring services**

The measure took place in two successive stages:

- Motivation programme for job search (group classes), which includes motivation measures, support and counselling for solving individual social problems, 20 working days, every working day.

Within the framework of the motivation programme, a material and technical base, catering service (once a day) was ensured, as well as transport service for transportation from the place of residence of the unemployed person to the place of implementation of the measure and back to the place of residence of the unemployed person.

Participation in the motivation scheme could be combined with participation in the active employment measure “Paid temporary public works”.

- Mentoring services (personal counselling), which in turn helped the unemployed person to settle into permanent employment after completion of the motivation programme, providing psychological and practical support in matters of placement. The mentor's service did not exceed 3 months or less if the long-term unemployed person settled into a permanent job.

Involvement of persons in the measure was launched in June 2017. In implementing this measure, in 2019, the project faced a significant reduction in the number of applications for participation in the motivation programme, where the abovementioned reduction was related both to the commencement of seasonal work and to the willingness of the unemployed to participate in measures where financial support (scholarship) is possible, taking into account the amendments of 4 December 2018 to Cabinet Regulations No. 468 of 11 August 2015⁵⁹,

However, despite the decrease in the number of applications, 8 069 long-term unemployed persons (8 058 (99.9%) unique persons) were involved during the project implementation, 637 (8%) unemployed persons discontinued participation, mainly due to violations of contract - 285 and 202 - due to health condition (see Table 5).

Table 5. Reasons for suspending the measure (2017-2020).

Reason for suspension	Number	%
Started to work	84	13%
Violations of contract	285	45%
Due to state of health	202	32%
Other reasons	66	10%
Total	637	100%

Data Source: SEA

⁵⁹ Regulations for implementation of the measure 9.1.1.2. “Activation measures for long-term unemployed” of the specific objective 9.1.1 “Enhance integration of the disadvantaged unemployed persons in the labour market” of the Operational programme “Growth and Employment” which provided for the suspension of the disbursement of scholarship costs for unemployed persons who participated in the measure after 28 December 2018.

- **Motivation programme for job search and social mentoring services for the long-term unemployed with disabilities**

The implementation of the measure took place in two successive stages:

1) Motivation programme for job search (lasting up to 3 months) – includes lessons aimed at providing psychological support, solving individual social problems, developing and developing personality and social skills, improving domestic skills, strengthening motivation and preparing for the work process. The programme shall be implemented individually or in a group of up to 12 persons. If the motivation programme is implemented in a group involving persons with mental disorders, it shall be implemented in the composition of not more than 6 persons.

2) Social mentor service (lasting up to 7 months, starting from the commencement of the motivation programme until the end of the specified probationary period), which includes psychological and practical support, counselling and recommendations on placement issues, helping the long-term unemployed to settle into permanent employment. One social mentor shall simultaneously provide the service to not more than 12 unemployed persons with disability or not more than six unemployed persons with disability, if the social mentor provides the service simultaneously to at least three unemployed persons with mental disorders.

Within the scope of the measure, unemployed persons shall be ensured:

- psychological assistance (individual and group), interprofessional meetings, motivation measures, support and counselling for solving individual social problems;
- catering and, if necessary, transport to and from the place of implementation of the motivation programme, as well as accommodation;
- the service of a language interpreter;
- services of other specialists whose support is necessary for participation of unemployed persons with disabilities in the motivation programme. The costs of specialists per unemployed person during the period of implementation of the motivation programme shall not exceed EUR 150.

Since 2018, 388 long-term unemployed persons with disabilities were enrolled whose motivation, preventative support and placement in appropriate, permanent employment, self-employment or appropriate training (appropriate education) was provided by four providers, reducing the risk of social exclusion.

A significant number of suspensions were observed, i.e. 201 (52%) or more than half of the unemployed with disabilities. The main reason for the suspension of participation in the motivation programme (generally) was the state of health, noted by 123 persons (see Table 6). As a result, nearly 80% of unemployed people who started participating discontinued it due health problems or other reasons.

Table 6. Reasons for suspending the event (2018-2020)

Reason for suspension	Number	%
Due to state of health	123	61%
Started to work	28	14%
Violations of contract	8	4%
Death	4	2%
Started training in SEA courses	2	1%
Other reasons	36	18%
Total	201	100%

Data Source: SEA

By the end of June 2020, 187 unemployed persons with disabilities had completed participation in the activity “Motivation programme for job search and social mentor services for long-term unemployed persons with disabilities”. The project, analysing activity satisfaction questionnaires after completion of participation, assessed the importance of activity in raising motivation of unemployed persons with disabilities, providing psychological support and counselling for solving individual social problems, which is evidenced by the satisfaction of the unemployed, namely by random performance regarding the satisfaction of activities, of all unemployed persons surveyed, 24 or 37% recognised the motivation programme (for persons with disabilities) and the knowledge acquired therein as very good, 35 or 54% - as good, while 6 or 9% indicated that the motivation programme (for persons with disability), including the acquired knowledge was satisfactory. A better assessment can be seen by compiling an assessment of the social mentor's services and acquired knowledge, skills and skills, namely 38 or 58% of respondents rated it as very good, 21 or 32% marked it as good, 6% marked the social mentor's service and the knowledge, skills and skills acquired therein as satisfactory, while only 2 or 3% indicated it as unsatisfactory. Five unemployed people did not give an opinion to the social mentor service, given that they did not participate in the measure because they discontinued taking part because of their state of health.

During preparation of an evaluation of its activities, in spring 2019 the SEA project encouraged the suspension of the motivation programme (in general) from 2020, while including the motivation programme for persons with disabilities as one of the activities of the subsidised employment project as of January 2020. As part of the subsidised employment project, 145 unemployed persons were involved in the measure during the period from 1 January 2020 to 31 December 2021. The average cost of the measure per unemployed person was EUR 1 477.34. When assessing the results of placement, they should be assessed as low (see Table 7).

Table 7. Data on participants from the start of the project until 30.06.2020.

Title of action	Number of unemployed persons completed	Placement within 4 weeks of completion of the measure, number of unemployed persons	Placement within 6 months after completion of the measure, number of unemployed persons
Motivation programme (general round)	7 432	132 (2%)	703 (9%)
Motivation programme (for persons with disabilities)	187	15 (8%)	24 (13%)

Data Source: SEA

- **Measures for raising public awareness** regarding measures for activating the long-term unemployed:

In order to promote co-operation between the SEA and co-operation partners – employers, social services and NGOs, seminars for employers, employees of social services and NGOs, as well as vacancy trade fair events from January 2020 were included as one of the activities of the employment project subsidised by the SEA. Two face-to-face events for employers and 9 meetings on the Zoom platform for representatives of social services and NGOs were organised during the period from 1 January 2020 to 31 December 2021 within the framework of the subsidised employment project.

The organisation of the information campaign opened in August 2018 was continued (two campaign sessions took place in 2018). The third campaign session (7.01.2019.-27.01.2019) provided information and a call for specialist advice (advice from psychologists, psychotherapists), as well as for support to treat addictions. In February 2019, the sea was instructed to assess the activities of the project, their effectiveness and to make proposals for its development. As a result of the evaluation, it was decided to suspend the implementation of the project.

Training opportunities

Objective: to promote the competitiveness of the older unemployed in the labour market through training, thus adapting to changing labour market demand and promoting integration into the labour market.

Target group: unemployed and jobseekers whose skills do not meet changing labour market requirements or are insufficient.

Planned activities: to provide training opportunities for older unemployed persons within the framework of SEA training activities.

Responsible Authority: SEA.

Financing and sources: 7.1.1 specific objective “Increase the qualification and skills of unemployed persons according to labour market demand”.

As part of the **measure**, the following activities have been implemented between 1 January 2019 and 31 December 2021:

- Vocational training, re-training, raising of qualifications and assessment of professional competence acquired outside the formal education system, which includes: the acquisition of vocational further education programmes, which enables an unemployed person to acquire professional qualification and the acquisition of vocational improvement education programmes, which enables unemployed persons to improve their professional mastery and acquire systematically organised professional knowledge and skills compliant to changing labour market requirements;
- Acquisition of non-formal education programmes, which include acquisition of systemised basic social and professional skills compliant to changing labour market requirements, organisation of final examinations, including examinations of the fluency of the official language;
- Training of drivers of vehicles and tractor machinery, which includes organisation of final examinations, taking of examinations for acquisition of qualification of drivers of vehicles and tractor machinery and receipt of a driving licence;
- Training with an employer organised for the practical training of the required employee in the defined profession.

Currently, in the labour market, demand is for flexible and adaptable employees, who also possess one of the basic competencies in addition to the knowledge necessary for the profession, therefore the SEA offers to acquire programmes that promote the acquisition of Latvian language, foreign language and computer science courses in the framework of non-formal education.

In order to ensure accessibility of the referred measures, unemployed persons have the possibility to receive financial compensation up to EUR 150 per month in support of regional mobility for the covering of transport expenses from the declared place of residence to the place of implementation of the training and back or compensation for rental or service hotel expenses of the living space. Specific services are provided to unemployed persons with disabilities according to their needs – services of a language interpreter, occupational therapist and specialised transport, as well as the possibility to organise training in flexible form is evaluated.

In the training activities in 2019-2021 there were involved 13,862 unemployed people aged 50 and over. By type of education, 1530 persons were involved in the acquisition of further vocational training, of whom 1144 qualified immediately after participation in training and 395 persons entered employment six months after the end of the activity. 847 persons were involved in the acquisition of professional development programmes, of whom 802 persons completed it (a certificate for vocational development was obtained), while 255 clients of the SEA were employed within six months. 10 457 unemployed persons aged 50 + completed the acquisition of non-formal education, of whom 2 642 unemployed persons and jobseekers settled in the work within six months after the acquisition of the education certificate.

In the context of the COVID-19 pandemic, training of digital skills for the unemployed and the availability of online platform courses for the unemployed and employed, aimed at promoting the acquisition and upgrading of new skills in line with new labour market

requirements, were expanded when the need for digital services (including training) and remote working has increased.

Measures for launching commercial activity or self-employment

Objective: to promote small business start-ups and self-employment for the older unemployed.

Target group: older unemployed persons with prior readiness and direction in commercial activities.

Responsible authority: SEA.

Financing and sources: state budget. Total financing for measures for launching commercial activity or self-employment in 2016 – EUR 374 808, in 2017 - EUR 423 191.09, in 2018 - EUR 543 905.37, in 2019 - EUR 578 229, in 2020 - EUR 712 753.27, in 2021 - EUR 561 487.06.

Within the framework of the measure, support is provided to unemployed persons with prior readiness and direction in the performance of commercial activities, with the aim of promoting the commencement of self-employment or commercial activity of unemployed persons (consultations in preparation of the business plan, grant to developers of the most successful business plans up to EUR 5000, grant for monthly income (in the amount of the minimum wage, but with 2022 in the amount of EUR 750) for the first 6 months of operation).

From January 1, 2016 to December 31, 2021, 172 unemployed persons aged 50 or older are involved in the measure, or 16% of the total number of participants involved.

Measures for certain groups of persons (subsidised employment)

Objective: to help unemployed people understand labour market requirements by employing them in state co-financed workplaces, and to promote integration of the unemployed into society and placement in permanent work.

Target group: unemployed persons with disabilities, long-term unemployed persons, unemployed persons aged 55 and over.

Responsible authority: sea.

Financing and sources: sub-paragraph 9.1.1.1. “Subsidised jobs for disadvantaged unemployed persons” of 9.1.1. specific objective “Enhance integration of the disadvantaged unemployed persons in the labour market”.

A total of 5,827 unemployed persons (of which 2,846 or 49% aged 50+), incl. 2271 unemployed persons with disability (of which 1,239 or 55% aged 50 or over) are involved in the measure until December 31, 2021. 955 jobs adapted for the unemployed with disabilities according to the opinion of the occupational therapist as a result of the workplace assessment.

The project also supports regional mobility, with 343 unemployed people involved in this activity between October 28, 2015 and December 31, 2021.

Paid temporary public works

Objective: to promote the maintenance and acquisition of skills through job of social benefit.

Target group: unemployed people who do not receive unemployment benefit and want to maintain their job skills.

Responsible institution: SEA in co-operation with local governments.

Financing and sources: total financing of the state budget for paid temporary public works in 2016 – EUR 4 710 410, EUR 5 729 155 in 2017, EUR 5 268 189 in 2018, EUR 5 255 973 in 2019, EUR 5 642 264 in 2020, EUR 7 818 091 in 2021, including ESF funding of EUR 4 093 691. Within the scope of the measure, employment of unemployed persons in temporary work in local governments, associations or foundations shall be performed in order to promote acquisition and maintenance of work skills. Participation in an event in a 12-month period shall be up to 4 months, the amount of monthly remuneration shall be 250 euros.

From 1 January 2016 to 31 December 2021, 42,598 unemployed persons aged 50 + are involved in paid temporary public works.

Of the total unemployed involved in the measure, 63% were unemployed aged 50 +, indicating that many people at this age no longer choose to acquire new skills or retrain and use participation in paid temporary public works as a measure closer to the place of residence, which does not require to travel and allows real income to be obtained to cover everyday needs.

Support measures for the unemployed with addiction problems

Objective: to promote the integration of the unemployed into society and placement in suitable permanent employment or appropriate training, reducing the risks of social exclusion.

Target group: unemployed people with alcohol, narcotic or psychotropic addiction.

Responsible authority: SEA.

Financing and sources: 9.1.1. specific objective “Enhance integration of the disadvantaged unemployed persons in the labour market”.

3 measures are proposed:

- Minnesota's 12-step program provides for active communication and co-participation in the treatment process.

The measure is by:

- Ltd. “AKRONA 12” in Riga (treatment duration 30 days);
- Ltd. “Hospital Gintermuiža” in Jelgava (treatment duration 28 days).

Engagement in “Minnesota's 12-step program” began in February 2016.

- Emotional stress therapy (coding) includes consultation from a physician's narcologist, including the use of psychotherapeutic methods, superior therapy and sensitizing drug therapy.

The measure is implemented by Ltd. “Rīga Psychiatry and Narcology Centre”.

Implementation of the support measure “Emotional stress therapy (coding)” was launched in May 2017.

- Obtaining the opinion of a narcologist.

Unemployed persons who may be addicted to alcohol, narcotic drugs or psychotropic substances shall receive the support measure, but an opinion of the narcologist has not been received.

The measure shall be implemented by:

- Ltd. “AKRONA 12” in Riga;
- Ltd. “Medical Centre of Ludza” in Ludza.

In order to ensure accessibility of support measures for unemployed persons with addiction problems, a transport service is ensured for getting customers to a medical treatment institution and back.

Project activities (“Minnesota's 12-step program” and “Emotional stress therapy (coding)”), which contributed to solving addiction problems, were among the most effective within the project in evaluating placement results (see Table 8), using a total of EUR 462,685.56 for implementation of “Minnesota's 12-step program”, EUR 18,000 for provision of “Emotional stress therapy (coding)”, EUR 16,693.50 - for the possibility of obtaining a narcologist's opinion, EUR 209,213.49 - for provision of transport service.

Table 8. Data on participants from the start of the project until 30.06.2020.

Title of action	Number of unemployed persons completed	Placement within 4 weeks of completion of the measure, number of unemployed persons	Placement within 6 months after completion of the measure, number of unemployed persons
Minnesota's 12-step program	906	54 (6%)	263 (29%)
Emotional stress therapy (coding)	225	15 (7%)	53 (24%)

Data Source: SEA

In view of the above, it can be concluded that the receipt of these measures for the treatment of addictions is essential support for job placement, so that the “Minnesota 12 Step Programme”, “Emotional stress therapy (coding)” and “Receipt of narcologist opinion” are included as subsidised employment project activities as of January 2020.

The subsidised employment project for the period from 1 January 2020 to 31 December 2021 involves the following number of unemployed persons in addiction reduction measures: 242 in the Minnesota program, of which 62 are aged 50 +; In emotional stress

therapy (coding) 170, of which 54 are aged 50 +; 340 persons have received a narcologist's opinion, of which 110 persons aged 50 +.

Promoting regional mobility

Objective: to promote regional mobility of employed persons.

Target group: unemployed persons entering into employment legal relationships.

Responsible authority: SEA.

Financing and sources: state budget financing in 2016 - EUR 49,559, in 2017 - EUR 79,262, in 2018 - EUR 84,957, in 2019 EUR - 108,843, in 2020 - EUR 64,302, in 2021- EUR 73,793.

Due to the differences in labour supply and demand in the labour market – enterprises have job vacancies in one region, while unemployment and the available unemployed workforce are in other regions, it is proposed to benefit from regional mobility support. Mobility support is also possible within one region.

Within the framework of the measure, financial compensation shall be ensured for covering the costs of transport and rental of residential space for the first four months after commencement of employment legal relations.

In order to promote participation in measures to support regional mobility, the conditions for granting the support are regularly reviewed and improved. The financial compensation shall be disbursed for each month of employment legal relationship, not exceeding EUR 150 per month for covering the rental costs of the residential space or EUR 7 per day for covering transport expenses.

For the period from 1 January 2016 to 31 December 2021, a total of 1298 unemployed persons were supported, of which 411 (32%) aged 50 +. It should be noted that registered unemployed persons participating in training activities (see description of the measure “Training opportunities”) and subsidised employment measures may also receive regional mobility support (see description of the measure “Measures for certain groups of persons (subsidised employment)”).

Support for social entrepreneurship

Financing and sources: 9.1.1. specific objective “Enhance integration of the disadvantaged unemployed persons in the labour market” 9.1.1.3 “Support for social entrepreneurship” (total financing: EUR 17 083 768, incl. ESF financing – EUR 14 521 202, state budget financing – EUR 2 562 566).

The ESF project “**Support for social entrepreneurship**” is implemented until 2023 (including) and the total funding thereof is EUR 17 083 768, which is intended for grants for social entrepreneurs, consultations of social entrepreneurs, informing of the public, etc. activities.

Ministry of Welfare is responsible for the implementation of the Social Enterprise Law and, in co-operation with the financial development institution “ALTUM”, implements

the ESF project “support for Social Entrepreneurship”, which supports social entrepreneurs

Since the Social Enterprise Law came into force on April 1, 2018, the status of a social enterprise was granted to 220 companies until December 31, 2021, of which 193 social enterprises are active, while 27 companies have had their status revoked or withdrawn for various reasons. Among social enterprises, the most popular area of activity is the provision of services to target groups or to groups of society determined by the merchant himself, the life of which is affected by problems relevant to society. 105 enterprises or 54% of social enterprises, operate in this area. 53 enterprises (28%) are active in the field of labour integration, 35 enterprises (18%) are active in the field of societal challenges. Among the most popular areas are education: education and pre-primary education institutions, which implement an inclusive education approach using alternative and innovative methods, as well as companies organising informative educational events and programmes. 20 companies have a significant social impact in medicine and health promotion by providing treatment for children and adults with rare diseases, providing treatment and social services to oncology patients, promoting the recovery and reintegration of stroke survivors into society through the latest technologies, providing state-of-the-art, science-based psycho-social rehabilitation for children and adolescents, promoting the introduction of healthy dietary habits and providing physical activity-related services. A large proportion of enterprises active in the field of building civil society and ensuring cultural diversity through the creation of artistic and documentary films, broadcasts, reports and other materials that reflect socially relevant issues and events, by developing public electronic participatory tools to initiate major changes and bring together public opinion, contribute to the revival and development of different musical genres and musical theatre traditions. Importantly, a large proportion of social enterprises (13%) put services at the forefront in order to ensure that they are accessible to disadvantaged persons, people with special needs, families with children with special needs, addressing social exclusion. Thanks to social enterprises, more attention is paid to environmental issues, which is a very important problem worldwide. 19 undertakings which were granted social enterprise status involve unemployed persons with dependants, unemployed persons over the age of 54 and long-term unemployed persons.

As of 31 December 2021, out of 142 persons at risk of social exclusion⁶⁰, 81 persons had reached the age of 50 (including 50 women and 31 men); 67 persons or 83% of persons aged 50 + were persons with disability, 10 persons or 13% were disadvantaged unemployed persons - unemployed persons over 54 years of age.

However, until the coming into force of the Social Enterprise Law on 1 April 2018, 98 social entrepreneurs were registered in the pilot project implemented by the ESF project “Support for social entrepreneurship”, of which 48 were limited liability companies and 50 were NGOs (associations or foundations). Of the 98 people involved in the pilot project, integration in the labour market was the most popular area of activity (26%); inclusive civil society and cultural diversity being the second most popular (20%), and sport, health promotion and medicine being the third. Other social entrepreneurs are active in areas such as supporting the needy and the low-income people, education, social services, social inclusion of children and the protection of animals or the

⁶⁰ In accordance with Cabinet Regulations No. 173 of 27 March 2018, *Regulations Regarding the Population Groups at Risk of Social Exclusion Risk and Procedures for Granting, Registration and Supervision of the Status of a Social Enterprise*

environment. In 2019/2020, 22 participants in the event have acquired social enterprise status.

In 2018, it was possible for social entrepreneurs and merchants who have acquired the status of a social enterprise to submit business plans to the financial institution ALTUM for implementation of the social idea and to apply for a grant of up to EUR 200 thousand. As of 31 December 2021, 269 applications were submitted to ALTUM and 145 contracts were concluded for a total amount of EUR 9.2 million. Of all approved applications, ALTUM had disbursed the requested grant funding worth EUR 6.7 million. 78 grant applications were rejected by ALTUM, while 21 applicant had refused.

Ministry of Welfare actively co-operates with the Latvian Social Business Association, which was established in autumn 2015, the purpose of which is to promote the development of social entrepreneurship in Latvia and which brings together more than 100 members throughout Latvia.

3. Support measures for seniors

Career counselling

Objective: to provide support in solving issues of vocational suitability, retraining and career planning.

Target group: unemployed persons, jobseekers and other persons at risk of unemployment.

Responsible institution: SEA and in co-operation with the State Education Development Agency (hereinafter - SEDA).

Financing and sources: state budget financing (within the framework of the financing of the SEA basic budget for administrative expenses).

Within the framework of the event, SEA shall provide career consultations to unemployed persons, jobseekers and other persons, helping them to orient themselves on issues of vocational suitability, as well as retraining. To provide effective support to customers aged 50 +, a “Methodology in work with customers aged 50 plus” was developed. Like customers of other aging groups, people over 50 years can receive individual and group consultations to find the best solution to a particular life situation through a career counsellor, according to their professional interests, abilities, educational attainment, health status and other factors.

In 2018, an inter-departmental agreement was concluded between SEA and SEDA on co-operation in the implementation of the ESF project “Improvement of professional competence of employed persons”. Persons employed within the framework of this project from the age of 25 years (advantages in admission – for persons over 50 years who have received a recommendation for the acquisition of vocational further education, professional improvement or non-formal education programme in the SEA ESF project “Support for longer working life”) receive career consultations and information regarding the possibility to apply for SEDA training programmes and assessment of professional competence acquired outside the formal education system. Information regarding the training organised by SEDA is available within framework of measure “Adult education for employed residents”.

In 2019, career counseling had a total membership of 87 094, of them aged over 50 years – 33 713; in 2020 – 54 223 and 18 482; in 2021 – 57 588 and 18 042.

Measures to increase competitiveness

Objective: to promote competitiveness in the labour market by enabling the acquisition of key skills and competences needed in the labour market.

Target group: unemployed persons, jobseekers and other persons at risk of unemployment.

Responsible authority: SEA.

Financing and sources: 7.1.1 “Increase the qualification and skills of unemployed persons according to labour market demand”.

Measures to increase competitiveness include group classes (courses, seminars, lectures) for the acquisition of job search methods, psychological support and acquisition of basic skills and skills necessary for the labour market. Skills such as communication skills, entrepreneurial skills, digital skills, social and civic skills are offered.

In 2019-2021, 6903 persons (number of participations) were involved in measures to increase competitiveness (courses seminars, lectures, except informative days), of which 3131 (45%) were over 50 years of age.

During the informative days organised by the sea, 15543 persons (number of participations) were involved in the provision of basic information to unemployed persons, jobseekers and persons subject to unemployment risk in 2019-2021, of which 6177 (40%) are over 50 years of age.

The SEA has developed and provides three e-learning modules to clients with the aim of promoting the competitiveness of unemployed persons, job seekers and other interested persons in the labour market, providing support for increasing competitiveness without an on-site visit of the SEA, realizing its possibilities in electronic environment and flexible form for the acquisition and improvement of job search methods:

- the e-learning module “My money today and tomorrow. Financial literacy” has been developed with the aim of raising awareness and responsibility of Latvian residents for the formation of family budgets and personal financial management, the importance of taxes and their impact on the possibilities for receiving social guarantees. This service is offered to all SEA customers with the aim of strengthening each customer's individual financial literacy. A total of 10,723 people have completed the e-learning module “My money today and tomorrow. Financial literacy” in 2019-2021, 1,663 of them unemployed over 50 years;
- the e-learning module “How to build an effective job search strategy” offers methods for not getting confused in an unemployment situation and successfully finding work by structuring steps to be taken, setting your priorities and developing job search action plans. A total of 3,040 people, 448 unemployed over the age of 50, have completed the e-learning module “How to build an effective job search strategy” in 2019-2021;

- the e-learning module “preparing a motivational letter and preparing for a job interview” allows remote support for the content and technical preparation of the motivational letter, as well as support to prepare for a job interview. A total of 3,139 people have mastered the e-learning module “Preparing a motivational letter and preparing for a job interview” in 2019-2021, 442 of them unemployed over the age of

Volunteering

50.

Objective: to promote volunteering and to promote public participation in volunteering.

Target group: persons aged 13 and over.

Financing and sources: state budget financing.

Within **the framework of the event**, persons have the opportunity to register on the website www.brivpratigie.lv (administrated by SEA) as a potential volunteer and to apply for implementation of various volunteer activities and to engage in socially important activities on the basis of good will without remuneration, acquisition of new knowledge and skills, application of their skills and socialisation.

From 1 January 2016 to 31 December 2021, 375 persons aged 50 + have made use of this option.

Active Ageing Index

INDICATOR	SUGGESTED VARIABLE	POSSIBLE SOURCE	2005			2015			2020			DATA SOURCE
			TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	
1.1. Employment rate for the age group 55–59	Same as indicator	Labour Force Survey	61.7	66.3	58.2	70.3	69.0	71.3	76.2	75.9	76.4	Eurostat
1.2. Employment rate for the age group 60–64	Same as indicator	Labour Force Survey	35.1	40.3	31.5	46.7	48.9	45.0	60.8	62.5	59.5	Eurostat
1.3. Employment rate for the age group 65–69	Same as indicator	Labour Force Survey	17.9	26.1	12.7	17.6	19.8	16.1	28.0	30.8	26.1	Eurostat
1.4. Employment rate for the age group 70–74	Same as indicator	Labour Force Survey	7.6	12.1	5.3	10.5	14.6	8.2	11.3	10.7	11.6	Eurostat
2.1. Voluntary work by older adults (aged 55+)	Percentage of older population (aged 55+) providing unpaid voluntary work through the organizations (at least once a week)	Relevant survey	–	–	–	1.4	0.8	1.7	4.4 (2018)	–	–	EQLS
2.2. Care to children, grandchildren by older population (aged 55+)	Percentage of older population (aged 55+) who provide care to their children and grandchildren (at least once a week)	Relevant survey	–	–	–	31.3	22.9	36.1	27.5 (2018)	–	–	EQLS
2.3. Care to older adults by older population (aged 55+)	Percentage of older population (aged 55+) providing personal care to elderly or disabled relatives (at least once a week)	Relevant survey	–	–	–	10.6	6.9	12.8	27.8 (2018)	–	–	EQLS

2.4. Political participation of older population (aged 55+)	Percentage of older population (aged 55+) taking part in the activities or meetings of a trade union, political party or political action group, or signing petitions, including email and online petitions	Relevant survey	-	-	-	11.8	9.1	13.4	7.4 (2018)	-	-	EQLS
3.1. Physical exercise for older adults (aged 55+)	Percentage of people aged 55 years and older undertaking physical exercise or sport almost every day	Relevant survey	-	-	-	12.0	11.5	12.2	12.2 (2018)	-	-	EQLS
3.2. Access to health and dental care (for those aged 55+)	Percentage of people aged 55 years and older who report no unmet need for medical and dental examination or treatment during the last 12 months preceding the survey	Relevant survey	68.4	68.0	68.7	68.4	69.2	67.9	71.8 (2018)	-	-	SILC
3.3. Independent living arrangements (for those aged 75+)	Percentage of people aged 75 years and older who live in a single household alone or in a couple household	Relevant survey	72.3	72.8	72.2	73.9	73.1	74.2	75.7 (2018)	-	-	SILC
3.4. Relative median income (for those aged 65+)	Ratio of the median equivalised disposable income of people aged 65 and above to the median equivalised	Income and living conditions statistics / relevant survey	75.0	77.5	73.3	65.4	71.4	61.9	63.5 (2018)	-	-	Eurostat, SILC

	disposable income of those aged below 65												
3.5. No poverty risk (for those aged 65+)	100 – Percentage of people aged 65 years and older who are at risk of poverty (using the 50 per cent of median income threshold)	Income and living conditions statistics / relevant survey	92.3	94.7	91.1	83.6	90.0	80.6	81.7	89.5	67.7	Eurostat, SILC	
3.6. No severe material deprivation (for those aged 65+)	100 – Percentage of people aged 65 years and older who are severely materially deprived (having an enforced inability to afford at least 4 out of the 9 selected items*)	Income and living conditions statistics / relevant survey	50.5	58.0	46.9	81.8	84.9	80.3	91.2	93.5	89.9	Eurostat, SILC	
3.7. Physical safety (for those aged 55+)	Percentage of people aged 55 years and older who are feeling very safe or safe to walk after dark in their local area	Relevant survey	–	–	–	–	–	–	41.9 (2018)	–	–	ESS	
3.8. Lifelong learning (for those aged 55–74)	Percentage of people aged 55 to 74 who stated that they received education or training in the four weeks preceding the survey	Labour Force Survey	1.5	0.6	2.1	1.7	0.9	2.3	2.0	1.1	2.6	Eurostat	
4.1. Life expectancy at age 55	Same as indicator	Demographic statistics: Life Expectancy estimates	21.7	17.8	24.9	24.1	20.1	27.2	24.7 (2019)	20.9	27.7	Eurostat	
4.2. Healthy life expectancy at age 55	Same as indicator	Healthy life expectancy estimates	9.4	8.7	10.0	8.5	7.8	9.0	-	-	-	Eurostat	
4.3. Mental	An index that	Based on WHO	–	–	–	51.5	56.2	49.0	68.3	–	–	EQLS	

well-being (for those aged 55+)	measures self-reported feelings of positive happy moods and spirits	ICD-10 measurement								(2018)			
4.4. Use of ICT by older adults (aged 55–74)	Share of people aged 55 to 74 using the Internet at least once a week	ICT Survey or any other relevant survey	8.0	10.0	6.0	47.0	46.0	47.0	49 (2018)	–	–		Eurostat
4.5. Social connectedness of older people (aged 55+)	Share of people aged 55 or more that meet socially with friends, relatives or colleagues at least once a week	Relevant survey	–	–	–	–	–	–	38.9 (2018)	–	–		ESS
4.6. Educational attainment of older people (aged 55+)	Percentage of older persons aged 55 to 74 with upper secondary or tertiary educational attainment	Labour Force Survey / general statistics on educational attainment by age groups	63.7	62.4	64.7	86.1	85.3	86.6	92.0	91.0	92.8		Eurostat